

Fiscal and Programmatic Assessment of the DPW Compliance Plan
and Selected Alternative Plans for
Deinstitutionalization of the
Mentally Retarded and Developmentally
Disabled

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Preface

The authors have developed a computer-aided policy planning model to aid the states in their planning and budgeting for the developmentally disabled. Development of the model was funded, in part, by a grant for a Project of National Significance awarded to the University of Minnesota's Hubert H. Humphrey Institute of Public Affairs by the Administration for Developmental Disabilities, Office of Human Development Services, Department of Health and Human Services.

The model has two components. The state-institution component deals only with state-operated residential facilities and may be used to test any number of competing deinstitutionalization plans ~ and project caseloads, staffing, costs, and reimbursements for up to seven years for each such plan. The full continuum component deals with all forms of residential care, whether state institutions, community institutions (nursing homes, large ICF/MRs, or domiciliaries), community residences, or supported independent living, together with the full spectrum of generic services (medical services, day programming, and case management) needed to achieve and maintain a balanced continuum of care. The two components can be used separately or together. When used together, the output of the state-institution component serves as input to the full continuum component.

We are indebted to the Minnesota Department of Finance and Department of Public Welfare for access to data needed to test the model. The data base for both components consists of historical information spanning the years FY 1979 through 1981, and all projections are based on data from the most recent year. The state-institution component of the model requires accurate patient, staffing, and cost data, and we believe these data were obtained from DPW in satisfactory form. Staff complements were used as a substitute for actual staffing, since satisfactory staffing data were not available, but this detracts not at all from the model's utility. Unfortunately, reimbursement figures for the Medicare, Social Security, and Patient Funds and Insurance accounts were simply not available for any of the historical years and were set to zero in the data base.

The Minnesota experience actually pointed the way to developing the full-continuum component of the model. Data were available for each of the listed residential and generic services for a least one

of the historical years, SFY 1979 through 1981, from source documents such as: the MR Program Division's *Six Year Plan of Action, 1981-1987* and an internal policy paper entitled *Categorical Option for Funding Residential Care for MR, MI, and CD Persons*.

Costs per person per day often were known with some precision, but not client participation rates. The latter were sometimes actual counts, more often informed estimates, and at times (for lack of anything better) best guesses. Participation rates for developmentally disabled clients were known only in general terms and tended to be estimates rather than actual counts. This lack of knowledge is to be expected in the nursing homes and generic services which do not maintain counts by diagnostic category, but it occurred also in the ICF/MRs (particularly in those serving children). Minnesota is not alone in this respect. While all states provide services that can be arrayed as a continuum of care for any given diagnostic group, we know of only two, Illinois and North Dakota, that have made significant progress in planning and budgeting along continuum-of-care lines and in developing the data base needed for this purpose.

The three options presented in this report were selected primarily to illustrate the use of the model in planning and budgeting for the developmental disabilities continuum of care. That they reveal funding opportunities the state may have overlooked in its six-year plan for institutional and community programs is an important feature of the model. It is no longer enough to project costs and client participation rates for the various types of residential and generic services. In today's economic climate it is essential to know in advance how *all* of the costs are to be covered and to be sure that *all* available payment sources are being used to the best advantage.

Summary

Three competing plans for the long-term care of the state's developmentally disabled population were tested using the Humphrey Institute's computer-aided policy planning model. The test results suggest strongly that the Department of Public Welfare rethink its six-year plan of action for mental retardation services.

The three plans tested differed with respect to the extent the state pursues Medicaid funding for its community services and the extent to which it reduces its institutionalized MR-DD population. They are as follows:

DPW Compliance Plan with Minimal Medicaid in the Community. This is DPW's *Six Year Plan of Action, 1981-1987*, prepared by the Mental Retardation Program Division, January, 1981. The plan assumes little or no Medicaid funding of generic services (day programming, case management, etc).

DPW Compliance Plan with Medicaid Maximization. This is the same plan, but with an aggressive approach to using Medicaid in funding community residential and generic service programs.

Accelerated Compliance Plan with Medicaid Maximization. This plan drastically reduces the state's reliance on state institutions, expands community residential and generic service alternatives to institutional care, and aggressively seeks Medicaid funding for the community programs.

Table I, on the following page, summarizes the costs and reimbursements of the three plans.

If the Department were to qualify its currently planned home and community based services for Title XIX medical assistance under the rehabilitation provisions of the Title XIX regulations, it would add \$5.2 million to the six-year costs, but it would draw \$140.6 million in additional Federal funding, producing a net savings to state and local resources of \$135.4 million. The bulk of these savings, \$105.4 million, would accrue to the counties. The state would save only \$16.4 million, since under current law it is committed to ninety percent of Title XIX matching, and the remainder, \$13.6 million, would be savings in the form of reduced reliance on patient fees and "other and unidentified" funding.

It is when an accelerated deinstitutionalization option is added that the state can expect substantially reduced costs. Under this option, the state would save \$56.8 million *in addition to its Medicaid savings*, for a net savings under the combined option of \$73.2 million. The federal government would recoup \$77.5 million to offset part of its increased Medicaid costs, so that its net increase would be \$63.1 million. There would be slight increases to county and other funding, but these are largely attributable to the two percent increase in the number of patients that can be expected under the more "communitized" option.

The two alternatives to DPW's six-year plan are by no means the only alternatives that can be tested under the model. They were selected to illustrate not only the two cost-saving opportunities summarized above, but also the more general principle that rational planning can lead to a programmatically superior system serving more people at a lower overall cost if that planning considers *all* persons requiring long term care, *all* services (residential and generic) required, *all* costs of providing those services, and *all* forms and sources of funding the services.

The model is, in part, the product of a three-year DHHS/OHDS "Special Projects" grant for a project of national significance awarded to the Humphrey Institute. It defines the state's service system as a continuum of care, makes explicit the residential and generic services forming that continuum, operates on a data base that represents the state's recent history of providing each service identified in the continuum, uses a system of externally set controls for tailoring the option or options to be tested, and presents the results in a manner that makes clear who is served, what the costs are, and where the money comes from for each of the services.

An integral part of any continuum of care, and Minnesota is no exception, is program administration which generally takes two forms: (1) program management, consisting of the planning, budgeting, licensing, monitoring, and other administrative functions centralized at the state or county level; and (2) case management, consisting of all of the assessment, counseling, planning, and other support functions that are provided on a case-by-case basis to ensure that each client is provided services at whatever point in the continuum is the most appropriate at any given time.

The model reverses the usual approach to budget cutting. Historically, the most vulnerable parts of a budget have been the planning, evaluation, and related "soft" program management services, and (if separately identified) the case management services. Next in line for pruning have been the home and community based residential and generic services proposed or established as alternatives to institutional care. The model places all services in the continuum of care on a more or less equal footing so that a program of services can be designed as an integrated whole, in line with a new — or already

Source of	Medicaid	1982-3 Biennium	1984-5 Biennium	1986-7 Biennium	Six-Year Total
Payment	Strategy	DPW Plan Acc Plan	DPW Plan Acc Plan	DPW Plan Acc Plan	DPW Plan Acc Plan
Federal Share	Minimal	192.5	245.1	296.6	734.2
		+29.5	+18.3	+15.3	+63.1
	Maximum	227.6 -> 222.0	291.6 -> 263.4	355.6 -> 311.9	874.8 -> 797.3
State Share	Minimal	190.9	238.1	290.7	719.7
		+ -7.3	+ -28.1	4- -39.8	+ -73.2
	Maximum	187.3 -> 183.6	232.6 -> 212.0	283.4 -> 250.9	703.3 -> 646.5
County Share	Minimal	57.9	74.2	93.0	225.1
		+ -27.0	+ -33.8	-42.2	+ -103.0
	Maximum	30.4 -> 30.9	39.5 -> 40.4	49.8 -> 50.8	119.7 -> 122.1
Other Funding	Minimum	21.3	27.4	34.6	83.3
		+ -3.3	-4.0	-5.2	-12.5
	Maximum	17.8 -> 18.0	23.0 -> 23.4	28.9 -> 29.4	69.7 -> 70.8
Total (Costs)	Minimal	462.6	584.8	714.9	1,762.3
		+ -8.2	-45.8	-71.8	-125.6
	Maximum	463.1 -> 454.4	586.7 -> 539.2 b	717.7 -> 643.1	1,767.5 -> 1,636.7

Table I. Distribution of Total Costs by Source of Payment for Three Competing Deinstitutionalization and Financing Options. (\$ Millions).

accepted — program theory (normalization, for example), and then tested against competing theories or current practices to determine whether and to what extent there are also fiscal advantages.

The new Section 1915(c) of the Social Security Act, with its supporting regulations (*Federal Register*: October 1, 1981), encourages less costly alternatives to institutional care, provided there is no accompanying degradation of services, and to this end establishes a system of renewable three-year waivers to facilitate and support (with Medicaid funds) home and community based services.

The model will accommodate the analyses needed to assess the programmatic and fiscal effects of these waivers and will provide documentation of the savings that can be expected in the Federal Medicaid share when home and community-based services are substituted where programmatically desirable for institutional care.

A recent addition to the model's capabilities is the ability to "subtract" one policy option from another. Thus, if one policy option represents the state's current budget (or six-year plan or program of services) emphasizing institutional care and if an alternative policy option is proposed which represents a deinstitutionalization, community service, or other potentially programmatically superior alternative, then subtracting the former from the latter yields a set of "difference tables" displaying the net effects on caseloads, costs, and each of the reimbursement accounts when moving to the alternative. This capability is illustrated in Attachment D of this report. Here, an accelerated deinstitutionalization initiative, coupled with optimal use of Medicaid in community services (Attachment C), was subtracted from the Department's current six-year plan, in which no such use of Medicaid is contemplated (Attachment A). Table 12 of Attachment D displays a marked increase, \$32.3 million, in additional state matching for Medicaid over the six-year period, but Table 14 displays savings to other state accounts of over \$100 million. County matching for Medicaid also increases, by about \$3.3 million (Table 16), but the savings to other county accounts rival the \$100 million to be realized by the state.

The policy options tested and displayed in this report are intended to be illustrative rather than definitive. They do suggest, however, that deinstitutionalization should proceed at the maximum rate that can be justified on programmatic grounds and that Medicaid should play an important role in funding home and community based services. They also suggest, and this is the reason they are presented in this report in such painstaking detail, that the Department move toward a full-continuum form of planning and budgeting.

Introduction

At the request of the Minnesota Department of Public Welfare, we have examined the fiscal implications of the Department's six-year plan for reducing the number of MR-DD beds in state institutions and increasing current programs of community services.

We have carried out the request in two ways. First, using our computer-aided policy planning model for the developmental disabilities, we have:

- * Formulated a multi-level listing of types of care which includes all but one of the major residential and non-residential programs of the MR-DD system in the State of Minnesota. (Only the in-school programs of the public school system are not included).
- * Projected occupancy in that system through 1987.
- * Projected costs for each level of the system, for each year, on an annual per-client basis, as well as on a total cost basis for each year through 1987.
- * Projected total cost burdens for each of the three levels of government (Federal, State, and County) and each identifiable account within each of the three levels. (An "other funding" category is also included. These costs, which are not accounted to anyone because of data insufficiencies, are believed to be mainly ~ in the end -- the responsibility of county budgets.

Second, again using the model, we have constructed two alternative six-year plans and examined the fiscal implications of the DPW plan in light of these alternatives.

The DPW Compliance Plan With Minimal MA In The Community

The Department's six-year plan, referred to herein as the DPW Compliance Plan, was negotiated in response to the Welsch-Noot decree. It is not the "carved in stone" plan which must be carried out over

the next six years, and Departmental officials have pointed this out on several occasions. Rather, it is held to be the "floor" of a deinstitutionalization plan, and the Department's performance is expected to exceed the plan's requirements.

The characteristics of the DPW Compliance Plan are summarized as follows:

1. *State Hospitals.* The number of institutionalized patients is to be reduced from 2,651 at the end of SFY 1980 (2,550 at the end of SFY 1981) to the following targets:
 2,350 on June 30, 1983 2,100
 on June 30, 1985; and 1,850
 on June 30, 1987.
2. *Nursing Homes.* An estimated 350 patients currently reside in nursing homes. The plan assumes no change here.
3. *ICF/MR's* An additional 550 ICF/MR beds will be phased in over the six-year period to accommodate patients leaving the state hospitals.
4. *Cost of Care and Other Community Residences.* The plan assumes no changes here.
5. *Supported Independent Living.* A new program to aid developmentally disabled persons in obtaining (and maintaining) their own independent living arrangements will be developed and, by the end of SFY 1987 will accommodate 700 persons.
6. *Day Programming.* The sheltered workshop populations are expected to grow from 4,200 clients currently to 4,900 after six years, and the day activity populations from 5,000 to 5,650, to accommodate the 700 patients leaving state institutions, together with a planned growth for 650 new persons.

The plan does not address outpatient medical or mental health services, nor does it address any of the programming or case management functions normally associated with a continuum of care. These items are assumed to remain unchanged.

A key feature of the DPW Plan is the role of Medicaid in funding the generic community services such as day programming and program or case management. Medicaid is viewed as playing a *minimal* role in such funding.

Alternative 1. DPW Compliance Plan With MA Maximization.

This is the same DPW Compliance Plan described above except for one important difference. This alternative assumes an aggressive Medicaid reimbursement policy for community services. In particular, it assumes that:

1. Cost of Care for children in ICF/MRs qualifies in its entirety for MA reimbursement, and all affected children are MA-eligible.
2. A portion of the costs of foster care qualifies for MA reimbursement -- as services rather than room and board. (About one-third so qualifies).
3. The Supported Independent Living Program includes an MA-qualifying support function (live-in staff, attendant care, etc.), and all clients are MA-eligible.
4. All sheltered workshop clients are MA-eligible, but only about 15% of the costs of the program qualify for MA reimbursement.
5. All adult day activity clients are MA-eligible, and the program qualifies in its entirety for MA reimbursement.
6. Day activity for children qualifies for MA funding, but the proportion of MA-eligible children served is low because of parental liability issues, and (at DPW's request) the level of MA funding was set to zero.
7. Program and case management qualify for MA funding, and one-half of all clients are MA-eligible.

A by-product of 100% Medicaid for the adult day activity program is that this program can no longer use its Title XX allocation. Its Title XX share was reallocated to the children's day activity program.

Alternative 2. Accelerated Compliance With MA Maximization.

This alternative calls for a more rapid form of deinstitutionalization, in which the number of patients in state hospitals is reduced to 1,200 by the end of SFY 1985 *and* an aggressive Medicaid reimbursement policy for community services is pursued.

When the goal of 1,200 is reached in SFY 1985, the system is assumed to have stabilized, with admissions balancing discharges, so that the inpatient census remains at that level in later years.

The Medicaid reimbursement policy under this alternative is the same as that under the previous alternative. Medicaid reimbursement is claimed for any and all services that can be qualified under Title XIX and its supporting regulations.

Assumptions Common To All Three Plans

The assumptions made in the state institution component of the model were as follows:

Patient Census. The same percentage reduction was applied to all hospitals except Rochester in achieving year-end census goals. Rochester was closed on schedule.

Average Daily Census. The only alternative to actual (or reported) data is the "mid-year" estimate. For the years after SFY 1981, the average daily census was computed simply by averaging the year's ending patient census count with that of the preceding year.

staffing (at Year-End). Staff complements were substituted for actual staffing data. The available staffing data appeared internally inconsistent, varying with the source and exhibiting an unexplained volatility from year to year. (The Court, in monitoring the Welsch-Noot decree, apparently encountered the same problem and has accepted staff complements as the most consistent benchmark for staffing level).

Staff/Patient Ratio. The goal of 1.8 was set for the staff/patient ratio in all state hospitals by the end of SFY 1985, in each of the three plans, and this calls for some discussion. The 2,550 state hospital inpatients at SFY 1981 year-end is equivalent to 62.3 per 100,000 population, slightly higher than the national average of 58.9. Moving to 50.0 by 1985 or 43.6 by 1987, under the DPW Compliance Plan, very likely would call for some increase in the ratio of staff to patients. Moving to 28.6 (per 100,000 population), under the Accelerated Compliance alternative, would make this even more likely. Whether 1.8 is that number, whether another number is better, or whether there should have been two numbers (because of differences in the residual populations) will not be debated here. The model can accommodate any theory.

Costs. Costs are actual through SFY 1980, and estimates for SFY 1981 and all later years. Costs in SFY 1980 constant dollars were assumed to vary in the later years as follows: 82% vary with mid-year (not year-end) staffing; 9% vary with average daily census (for food, drugs, laundry, etc.); and 9% are fixed (depreciation, state agency allocations, etc.).

This assumption formed the basis for calculation, and inflation was then assumed at 10% per year. (The 82/9/9 allocation reflects actual practice with remarkable consistency, but can be reset to any other set of percentages totalling 100. Inflation can be set to any value for any year).

Non-Medicaid reimbursement. Minnesota doesn't segregate its Medicare, Social Security, and Patient Funds and Insurance accounts. These accounts probably cover 5% of all state hospital costs (for developmentally disabled persons), but for lack of data there was no alternative to setting them to zero.

Assumptions common to the state-institutions and full-continuum components in developing the three plans were the following:

Federal Medical Assistance Percentage. The FMAP's were converted from the Federal fiscal year to the state's fiscal year. The FMAP discount enacted by Congress earlier this year was estimated at 2% for Minnesota for FFY 1982, but this discount only applies to the last three-fourths of SFY 1982. The assumption was made that Congress would change the rules again for FFY 1983 and later years, despite the 3 1/2 and 4% maximum discounts established for FFY 1983 and 1984, respectively, in the *Reconciliation Act of 1981*. Because of this, the current (undiscounted) FMAP was projected forward to all years after SFY 1982. The model, incidentally, can accommodate any FMAP discount for any or all years.

Inflation. The inflation rate was assumed to be 10% in SFY 1980, and this rate was carried through to all later years. (Any inflation rate can be selected for any year, under the model, and they need not be the same from year to year. Any degree of pessimism or optimism can be accommodated.

The assumptions made in the full-continuum component of the model in developing the three plans were the following:

- . Community residential and independent living programs are expanded to accommodate all deinstitutionalized patients plus 645 to 680 new entries from the community.
- . Most deinstitutionalized patients will enter ICF/MRs. Under the Accelerated Compliance Plan, 1,200 will enter ICF/MRs 200 will enter the SIL program, and 1,000 other ICF/MR patients will "graduate" into independent living or other (non-medical) community residences.
- . All persons in the non-institutional residential programs are participants in some form of day programming, and day

programming is expanded to accommodate all additions to the non-institutional residential programs during the six-year period plus a number of new entries from the community.

- . Case management is held to 8,400 clients throughout the six-year period under the DPW Compliance Plan (either version), but is expanded to include all but the 1,200 state hospital patients under the Accelerated Compliance Plan.
- . The Medicaid match is shared by the state and the counties in a 90:10 ratio for all Medicaid-funded services (except program administration which is assumed to be a state responsibility).

Table II, on the following page, summarizes the patient or client counts in the various residential and generic components of the state's continuum of care. The numbers at SFY 1981 year-end are presented, along with the numbers for the two basic plans four years later and all changes that take place during the interim.

Medicaid eligibility percentages for the community residential and generic service components of the state's MR/DD system (under the two Medicaid maximization plans) were assumed as follows:

MR/DD Cost of Care: Entire program ~ 100%. All children eligible. SSI, of course, is reduced to the "personal needs: allowance.

Supported Independent Living: Clients -- 100%. Costs — 50%. (One-half of all costs are assumed to be for the Medicaid-supported staffing or personal care component. Remainder of costs: SSI, HUD Section 8, and Food Stamps. Minnesota State Aid *not* included.

Sheltered Work: All clients eligible, but only 15% of the services deemed eligible.

Adult Day Activity: Entire program ~ 100%. Title XX funding shifted to Day Activity for Children.

Day Activity for Children: Not funded under Medicaid, at request of DPW staff, because of law eligibility under parental-responsibility and deeming-of-income rules.

Program Management and Case Management: Service — 100%. Costs — 100%. Clients — 50%. (Overall: a conservative 50%).

All non-Medicaid costs, after giving effect to SSI and other federal

Component	Beginning Census on 6/30/81*	June 30 , 1985 Census			
Program		Compliance	Plan {A, B)		Plan (C)
			Accelerated		
		Census	Change	Census	Change
Institutional Settings					
State Hospitals	2,550	1,850	-700	1,200	-1,350
State Nursing Homes**	0	0	0	0	0
Other Nursing Homes	350	350	0	300	-50
Subtotal	2,900	2,200	700	1,500	-1,400
Non-Institutional Settings					
ICF/MRs	3,000	3,550	+ 350	3,200	+ 200
Rule 34 Cost of Care	400	400	0	200	-200
Other Cost of Care	265	265	0	250	- 15
Other Community Residences	800	800	0	1,000	+ 200
SIL	0	700	+ 700	1,400	+1,400
Family Subsidy	105	200	+ 95	600	+ 495
Subtotal	4,570	5,915	+ 1,345	6,650	+2,080
Day Programming					
Sheltered Work	4,200	4,900	+ 700	5,000	+ 800
Adult Day Activity	3,600	4,175	+ 575	4,700	+1,100
Child Day Activity	1,400	1,475	+ 75	1,800	+ 400
Subtotal	9,200	10,550	+ 1,350	11,500	+2,300
Program Administration					
Program Management	12,100	12,750	+ 650	13,000	+ 900
Case Management	8,400	8,400	0	11,800	+3,400

Table II. A Comparison of the Changes Taking Place in the Two Basic Plans (DPW Compliance and Accelerated Compliance) During the SFY 1981-85 Period.

* Both plans begin with SFY 1981 as the base year; and, of course, the two display the same data for that year.

** No data.

funding, were allocated to the state and the counties according to the formulas actually in effect for the historical years (and currently published, or most recently available, for all future years).

Recommended Actions

The recommendations presented here are of two types: (1) those of a *programmatic and financial* nature, calculated to improve client programming, reduce costs, and increase federal reimbursements; and (2) those of a *program administrative* nature, geared toward improving DPW's role in planning and managing an MR/DD continuum of care and improving the quality of the information presently available for that purpose.

Program and Finance

Rework the cost allocation plan for state institutions (New federal funds: \$3.0 million in SFY 1983). The state is losing \$3.0 million or more per year in Medicaid funding for institutional care because of suboptimal cost allocation. Current procedures tend to *underprice* MR/DD services which qualify almost in their entirety for Medicaid and *overprice* MI and CD services which earn relatively very little Medicaid reimbursement. Restructuring the cost allocation rules for state institutions would allow for more adequate federal reimbursement of state funds actually spent for MR/DD services. (Also, reporting requirements should be changed to provide needed information on the real costs of providing institutional services to the different diagnostic groups of mentally retarded persons -- e.g., those with behavioral overlays, those with severe physical handicaps, those with both, and those with neither. Such data would be very useful in rate-setting for the institutions, and in comparing institutional and community costs for the different levels of disability.)

Bring ICF-MR Cost of Care programming under Medicaid (New federal funds: \$3.8 million in SFY 1983). DPW has about 400 children in ICF/MRs who are currently funded on a 100% state-county dollar basis, at a cost of \$10.0 million (at approximately a 57:43 state:county funding ratio). Under federal rules, all (or nearly all) of these children would be eligible for Medicaid funding since they could be considered as "one-person families." Under current state rules, their eligibility for Medicaid is assessed as part of their family's Medicaid eligibility. Thus, if the family is not eligible, the child is not eligible. A change to a one-person

family rule would qualify this form of care for Medicaid reimbursement. (It is our understanding that DPW has begun this process.)

Bring adult day activity centers, and possibly some activities in sheltered workshops, under Medicaid (Sew federal funds: \$11.8 million in SFY 1983). Day activity centers and sheltered workshops are currently funded by state and county dollars, with some federal dollars. In SFY 1981, total costs were \$34.1 million, with federal Title XX participation of \$5.2 million, state participation of \$10.6 million, county participation of \$10.5 million, and "other and unidentified" funding of \$7.8 million. Title XX participation will be dropping to about \$4.3 million in SFY 1982. If we assume that all adult DAC and workshop clients are MA-eligible, and all costs of adult DAC services and 15 percent of the workshop costs qualify for Medicaid reimbursement, there will be an annual return of \$11.8 million in MA reimbursement. This amount would be higher if day activity for children were "Medicaided" as well. (It is further recommended that information be sought to determine the extent to which the children in day activity centers are MA-eligible.)

Develop a personal care and rehabilitation program funded by Medicaid for the SILS program (New federal funds: \$0.9 million in SFY 1983, and going to \$10.5 million in SFY 1987). Minnesota has led the nation in the size and quality of community ICF/MR program, but now may be overbuilt at that level of care. There are estimates that as many as 1,000 persons now in ICF/MRs are ready to graduate into a non-medical residence, with varying levels of supervision and training available in-house, and with some form of day programming — i.e., all (or nearly all) residents spending the day in a day activity program, a workshop, or a job in the private economy. This new level of care, Supervised Independent Living Services (SILS) in the DPW Plan, is currently budgeted under a combination of Supplementary Security Income (federal) and two state appropriations, SILS and Rule 23 (\$846.4 thousand in SFY 1982 and \$1,496.4 in SFY 1983). If the personal care option of the Medicaid regulations -- and, possibly, the rehabilitation option — were used for the services component, more than \$600,000 in reimbursement would be returned from Medicaid. Medicaid, together with SSI, Food Stamps, and HUD Section 8, would return \$2,600,000 in federal funds out of \$3,400,000 total program costs for the 1982-3 biennium, if the accelerated compliance plan were followed. By SFY 1987, about \$10.5 million per year in increased federal funding would be available in this area.

Include program and case management under Medicaid administration with cost allocation for ineligible clients and services (Sew federal funds: \$1.7 million in SFY 1983). With the entry of the state and the counties into more Medicaid-funded functions in the community, there will be a considerable increase in the level of eligibility of this area for Medicaid support.

Summary Recommendation: Move from the current DPW compliance plan with minimum federal support of community services to an accelerated compliance plan with maximum federal support of community services (Total savings to state and county governments: \$176 million during the six-year period SFY 1982-87).

The dual move will cost the federal government \$63 million. The first move (maximizing federal funding) can be made even under the DPW compliance plan, and it will cost the federal government \$141 million. *All that is required is that the state be fully efficient in claiming all federal funds available under current law and regulation.* The second move (more rapid deinstitutionalization) will save the federal government \$78 million. There is growing recognition at the federal level that the states will become more efficient claimers, and that the key to federal savings will no longer be claims for less than they otherwise could have been. Rather, the new benchmark {already recognized in the October 1 regulations implementing Section 1915(c) of the Reconciliation Act of 1981} will be savings attributable to less costly and more appropriate forms of long-term care. From the federal perspective, then, the "savings" are the latter figure, \$78 million.

Almost paradoxically, the state saves little (only \$16 million) in the move to Medicaid funding for community services, while the counties realize a \$125 million windfall. The move to accelerated deinstitutionalization, on the other hand, saves the state \$57 million, while the counties almost break even (with increased costs of \$2 million). This is due, of course, to two factors: first, the manner in which institutional and community services are normally funded, the former being primarily a state responsibility, and the latter primarily a county responsibility; and, second, a continuation of the 90:10 state-county division of the Medicaid match (which we assumed in all of our calculations, *even for the newly Medicaided community services*).

Program Administration

It can be said, fairly, that DPW has tons of data but very little information to guide it in its program planning, cost forecasting, and reimbursement claiming efforts. There are three reasons for this. First, its systems are designed almost solely to process and account for the AFDC, Medicaid, and other funds which, of course, are its primary reasons for being. Second, the responsibility for these massive functions has been divided so finely and distributed so broadly that no one person or group has a clear insight into anything more than a part of the whole. And, finally, there is the penchant on the part of the legislature not to fund efforts to correct the situation.

The basic problem is discussed more fully later in this subsection. In addressing the problem we make the following recommendations:

Form a planning group for continuum-of-care planning and budgeting for the MR/DD population. This planning group should be responsible for assuring that the basic information needed for answering the extensive fiscal and program questions is available. Much of this information, it should be noted, is already (potentially) available in the existing state and federal information systems — if only a few programming changes or the necessary tape linkages were made. Very little in the way of new information systems would be needed.

Develop the information base needed by the MR/DD planning group to function effectively:

resurrecting the recently-killed Minnesota Developmental Programming System (MDPS);

linking MDPS and the Department of Health's still-running, but endangered, long-term care quality assurance system; and

linking the DPW Medicaid Management Information System to the other two systems.

Adopt continuum-of-care planning and budgeting for the MR/DD population to account for all levels of care, all costs, and all reimbursement sources. The material presented in this report provides a beginning, but there is still much to do in tailoring one plan that strikes the best balance in terms of actual need, available resources, and program outcomes.

One final recommendation: Form planning groups for the other target populations as well — aging, mentally ill (and alcoholic), and child welfare. MR/DD represents an investment of about \$300 million per year in public funding. The investment in mental illness is about the same size. The size of child welfare investments is unknown -- but about one percent of our children are in out-of-home care on any given day, largely at public expense. And the aging system is larger by far than any of these others.

All four planning groups could be formed, and the needed informational improvements made, for an investment of about \$1 million per year. DPW then would be in a position to return many times that amount in the form of reduced costs, increased reimbursements, and improved programs and outcomes.

There is a fragmented responsibility in Minnesota for each of the major handicapped groups that extends across departmental lines to include the State Planning Agency, the Department of Health, the Department of Employment Services, and the Department of Education, as well as the Department of Public Welfare. This exacerbates the problem of compiling sufficient information about any one group to develop a full-continuum budget and long-term fiscal plan which takes into consideration *all* levels of care in the continuum, *all* relevant expenditures, and *all* revenue sources.

The MR/DD area provides an excellent example of the current problems. In our own model, we have sixteen residential and generic program areas, five sources of federal revenue, three state appropriation accounts, and four county-level accounts. While this budget developed takes more into consideration than any previous effort, we are still missing:

- * The major share of SSI payments going to MR/DD persons in Minnesota.
- * All of the Social Security disability payments going to an estimated 8,000 MR/DD persons in Minnesota.
- * Vocational Rehabilitation funds expended in behalf of MR/DD persons in Minnesota. (We probably have some of these in the Other and Unidentified category, which are going to sheltered workshops.)
- * The federal Aid to the Handicapped Education funds, and all state and local funds flowing to the MR/DD group through the education system.
- * Medicaid funds going to the hospital, physician, and other areas not directly in a long-term care residence, in behalf of MR/DD persons. (We have used DPW estimates of these amounts for outpatient medical and mental health services, but the estimates could be precise if the Medicaid Management Information System were to provide the needed information.)
- * State and county funds flowing to the MR/DD children in the child welfare system. (This amount is large, but unknown.)

Were all these funds known, by type of expenditure and revenue source, we could add another \$100 million or more to our SFY 1981 estimate of \$196 million per year expenditures for the MR/DD continuum.

Another problem is that we have no knowledge of the "stocks and flows" characteristics of the MR/DD population. That is, ideally, we would know where everybody is who is an "actual or high-potential" service/income recipient in the public MR/DD system, and the demographic, functional capacity, and economic characteristics of those persons.

Further, we would need data over time on their movement. This knowledge is of great importance in making funding decisions about levels of care. For example, we now have a large number of community ICF/MR beds in the state, and one policy recommendation is to reduce the state hospital population by 1,350 persons, transferring 1,000 to community ICF/MRs, and transferring 1,000 persons from this level into less intensive levels of care, and holding the community ICF/MRs at their current level. The question arises: To what extent will the buildup in community services be "substitutive" or "additive." That is, will the new community services only substitute for the closed institutional beds or will the new supply create new demands and thus develop an "out-of-the-woodwork" phenomenon. The answer seems to be that this may not be a great problem in MR/DD, but there is little information on which to base that conclusion. There will be some "natural increase" which occurs because of the aging of parents with MR/DD children at home, but many of these would already have been "booked" as part of the public educational system. (Further, the experience of high-service and low-service states, as concerns the numbers served in the community, does not seem to indicate a substantial difference owing to demand creation. Those few parts of the United States that have painstakingly "tagged" every MR/DD person who is an actual or potential recipient of public MR/DD services and/or income assistance have not differed substantially from Minnesota in their numbers per 100,000 population in the MR/DD system.)

Selecting and Implementing a Plan

Before implementing a plan, the state should first decide on one. It may continue with the current DPW Compliance Plan, but it should understand the implications of the plan, both fiscally and programmatically.

Considerations in Planning

The current plan, presumably, is moving along on schedule (although data deficiencies make it impossible for us to assess this). If an alternative plan were selected along the lines we have developed, at least two problems would arise.

The Question of Institution-Closing. While this is bound to come up eventually, an accelerated plan will bring it up sooner. However, given cost considerations, it can't be buried, and a "residual" plan should be developed. Without it, the fiscal costs of peace in the family of state employees become very large.

The Question of Fiscal Strategy. The Medicaid budget is a politically sensitive one in Minnesota. Yet, dealing straightforwardly with movement into community Medicaid funding is the key to significant savings. As we noted, the Medicaid budget goes up under an accelerated compliance plan with community Medicaid Maximization, but the total costs, state costs, and county costs all go down.

All of the changes in the state's Medicaid plan implied by the maximization of community Medicaid are now possible under current Federal regulation. Converting cost of care to a Medicaid account is simply a matter of changing the state's definition of ICF/MR residency to what is allowed in Federal regulation (i.e., to include children as persons in their own right rather than as creatures of their parent's income). Funding the professional portion of non-medical residential (e.g., group homes, assisted independent living) staffs under Medicaid has precedent, usually under the rehabilitation paragraphs of the regulations, in at least two regions and three states. Day activity centers and portions of sheltered workshops

are funded under Medicaid in at least eight states currently. Case management, as a number of HCFA persons have noted, can be dealt with as a case management funding problem right now, under current Medicaid regulations. Therefore, none of the changes we include under the community Medicaid maximization strategy needs anything special for implementation.

There is one problem, however. Under Medicaid, a state cannot discriminate between diagnostic groups – at least not indefinitely. If a given service, say, adult day health care services, is made available to the MR-DD population, it must be made available to all other groups. In Minnesota, it is the adult day activity program that is the adult "day health care" service. Therefore, a day health program would have to be constructed for the mentally ill, the aged, and for any other group for whom it may be a clinical necessity. Generally, it is only those who don't want to change anything who insist it all has to be done at once. The experience of Massachusetts, New York, California, and other states makes it clear that, as a practical matter, a state can move fairly easily on a one-group-at-a-time basis. It should be noted, however, that moving to these services for other long-term-care groups can be shown to lead to savings for these groups as well. Moving to a community Medicaid-maximization approach for the chronically mentally ill – and, of course, shifting out of an institutional (state hospital, nursing home, and general hospital) orientation – would result in substantial savings of state funds; and it is clear that a long-term mental health plan constructed along such lines would be programmatically superior to what now exists. For the aged, the problem is more difficult because it is much larger, but the experience of other states shows that it is possible to adopt the same approach without an avalanche of wildly-increasing claims.

There are now two approaches open to the State if it wishes to move toward maximizing Medicaid in the community.

A *"Phased" Strategy*. Here, the State should start immediately with a movement into community Medicaid services for its MR-DD populations. This movement should be allied with an accelerated compliance strategy, for otherwise a large part of the savings will be lost. (The state should also conduct studies beginning immediately on the feasibility of "Medicaiding" mental health, children's out-of-home, and aging programs along the same lines).

A *"Waiver" Strategy*. Here, the state would take advantage of the 1981 Reconciliation Bill Amendments to Title XIX, especially Section 1915(c), to provide the new services under a long-term waiver, which allows case management services, homemaker/home health aid services and personal care services, adult day health, habilitation services, respite care (I), and "such other services requested by the State as the Secretary may approve." Targeting by diagnostic group

and by geographic area, if desired, would be allowed for those MR-DD patients served under this approach who would require a lower Medicaid expenditure than in an SNF or ICF (or ICF/MR) and who were certified to be "at risk of" SNF or ICF care.

The Determinants of Cost

In our experience with other states, three major elements of continuum-of-care planning for the mentally retarded stand out as determinants of costs and relative cost burdens (holding program quality as constant as possible):

The total number of persons to be served. In a number of states, this number must be increased substantially over the term of the plan because of desultory program planning and development in earlier years. Minnesota, with one of the larger existing community systems in the United States, does not appear to have this problem. In the alternatives examined in this report, we have assumed only a modest increase in the total number of persons served (thus reflecting the projections of state officials).

The distribution over the continuum of care of the persons to be served. Despite some difficulties in cost estimation it appears that total costs from all sources, dealing with all elements of support, are lower in community residential and home programs than in the institutions. Therefore, a plan which tends to keep more persons in institutions for longer periods will cost more. In the analysis presented here, we examine the effects of moving from one plan that calls for reducing the state hospital population to 2,100 in SFY 1985, and to 1,850 in SFY 1987, to an alternative plan that calls for reducing this population to 1,200 in SFY 1985 (with commensurate adjustments, in both plans, in all other levels of care).

Reimbursement strategy. This, despite recent actions of the Reagan administration, tends to be the most powerful determinant of the relative cost burdens. (If a cap had been enacted for Medicaid, the relative distribution of persons served, as discussed above, would have been the most powerful determinant.) For this report, we examine the cost burdens of the DPW Compliance Plan which anticipates no change in the State's present strategy of claiming Medicaid funding only for institutions, nursing homes, community ICF/MRs, and out-patient medical programs against those of two alternatives. The first alternative assumes that the State will begin collecting for Medicaid in 1982 for: cost-of-care programs (in ICF/MRs), assisted independent living, adult day activity, sheltered

work, and case management. The second alternative, in addition to the more aggressive use of Medicaid in funding community services, stresses a more rapid pace of deinstitutionalization and emphasizes the use of SSI and other client entitlement programs to support a program of Medicaid-aided community services.

Cost Allocation for State Hospitals

There are two problems with the Department's institution-related cost allocation procedures:

- a. Mental retardation costs, under present practice, are understated, and mental illness and chemical dependency costs are overstated. As a result, the State is losing approximately \$3 million per year in Federal Medicaid reimbursement for its institutions.
- b. The true (and widely varying) costs of mental retardation, mental illness, and chemical dependency treatment in the State's institutions are obscured by current practice. The probable result is that the treatment of mental illness in the institutions continues to be underfunded.

At present, the State does not make its institutional per diem costs publicly available. It does, however, calculate such costs as a basis for claiming Medicaid reimbursement from the Federal government.

There is no easy estimate of the "true" costs of care in the institutions, since they are, in part, a function of:

- a. The state's approach to cash versus accrual accounting. That is, costs booked in one year under one state system may be booked in another year under another.
- b. Whether a given cost is booked as an overhead cost or a direct service cost. Thus, within limits, indirect or overhead costs may be made small or large, relative to direct costs, as wished.
- c. How depreciation is handled. The problem includes: use allowances; choice of depreciation method; and questions such as whether short-term and long-term depreciation items are treated separately or together.
- d. The methods used in allocating overhead costs into direct service departments. These include the *mathematical method* and the *allocation basis*.

The standard mathematical methods (direct allocation, step-down, double apportionment, and linear equations) all yield different results. The choice of method thus offers some room for maneuver. But, as shown in the authors' *Managing Federal Money for Children's Services* (CWLA-Hecht Institute, Washington DC, 1978), the choice is simply that of whether an exact method, linear equations, will be used or whether one of three approximate methods will be used.

The choice of allocation basis, however, can swing the first results by millions of dollars. For each overhead division, there is usually a choice of several available allocation bases. The possible choices must be reasonably related to the cost item being allocated. Some may be more rationally defended than others, but there is no test for determining which of several possibilities is the "most correct" choice. The criterion for selection then becomes something unrelated to "correctness" — gaining a price advantage, perhaps, or (in the case at hand) gaining a reimbursement advantage. Yet state agencies, once having made their choices, tend to stay with them and often are loathe to change. Minnesota also leans toward tradition in allocating overhead to its state institutions. We therefore investigate the effects of several competing bases

Patient days. Here, we simply take the total cost of the system, divide by the total number of patient days for all patients in the system, and then allocate to MR/DD, or MI and CD, according to the relative number of patient days accounted for all patient groups are thus equally costly.

Relative salaries. Here, we allocate overhead according to relative salaries (or, alternatively, relative staff complements). Since staff ratios for the mentally ill are approximately 72% as large as those for the mentally retarded, this will make the per diem for MR/DD higher and the per diem for MI and CD lower.

State method. The actual cost allocation method used by the State employs patient days for most overhead items, (although it does use other allocation bases for assigning some overhead items to state institutions). The result is a per diem rate which is roughly half-way between that developed in method (a) and method (b).

We can see how the choice of allocation basis works by tabulating the SFY 1981 per diems using each of three listed above. The results are presented in Table III, on the following page.

Allocation Basis Used	Patient Group	
	MR/DD	MI, CD
Total Patient Days	\$74.24	\$74.24
State Method	\$80.28	\$66.76
Total Salaries	\$85.97	\$59.69

Table III. SFY 1981 average per diem costs in Minnesota institutions, using three competing allocation bases.

As is clear, changing the cost allocation basis can have considerable effect upon the patient group for whom overhead is charged. Using patient days as the allocation basis, per diem costs in the mental retardation and developmental disabilities area are more than \$11 per day lower, and in the mental illness and chemical dependency areas nearly \$15 per day higher, than when salaries are used as the basis.

What are the "correct" per diems? Again, there is no absolute test for "correctness." It would appear, however, that the total salaries approach is much closer to the truth than the other two approaches, since institutional care is labor-intensive, with labor accounting for 80-83% of all costs, and since salaries reflect more closely where the overhead costs are accruing.

To provide a better measure of actual costs for each patient group in the state's institutions, and to obtain maximum federal reimbursement, we recommend that DPW develop an allocation system which emphasizes salaries (or staff complements) more heavily as a cost allocation basis in its cost allocation system and which develops different per diem rates for the major treatment groups.

Since this material was developed, David Lofgren of the Minnesota DPW has developed a similar comparison for a single per diem for the State hospitals and three per diems (one each for mental retardation, mental illness, and chemical dependency). The results, while somewhat different in total costs and reimbursements estimated, were about the same for the estimate of the difference in the MA reimbursement lost by using only one per diem, as against three (e.g., MA reimbursement losses are \$3.4 million in SFY 1982 and \$3.7 million in SFY 1983, **when** calculated for each of the two full years).

Financial Analysis

The continuum of care for MR/DD persons, and the complex plans for modifying that continuum over the next six years, can be characterized in a number of ways. This section of the report presents an analysis and comparison of some key financial perspectives.

The "Bottom Line"

The bottom line can be total costs, total cost savings, or cost (or cost savings) to any one level of government. It can be the gross (or net) effects on the relative shares of any two or more components (e.g., institutional and community) of the MR/DD service system. Or it can be the full array of costs, cost shares, and cost shifts contained in Table I: Distribution of Total Costs by Source of Payment for Three Competing Deinstitutionalization and Financing Options, presented earlier.

Net non-federal cost. Maximizing the use of Medicaid in the community for MR/DD services in Minnesota is worth at least \$135.4 million to the state and its counties in the SFY 1981-87 period. Accelerated compliance is worth another \$53.2 million in savings over the same period. Together, the two policies earn \$188.7 million over the six-year period.

Relative shares in net cost savings. The accelerated plan with MA maximization in the community saves the counties \$103.0 million over the six-year period, the state \$73.2 million, and the other sources \$12.5 million. It is the changes in Medicaid funding which benefit the counties and the acceleration of transfers out of institutions which benefits the state.

Total cost of MR/DD for all actors. An accelerated compliance plan would reduce costs for all actors from \$1.762 billion to \$1.637 billion over the six-year period -- about a seven percent reduction in total cost.

The distribution of budget to institutional and community levels of care. Both plans reduce the institutional component in terms of total investment. The accelerated plan does it more strongly, as is evident from Table IV, below.

Component	SFY 1981		SFY 1987			
	Both Plans		DPW Plan		Accel'd	Plan
	Budget	%	Budget	%	- Budget	" %
Institution	\$ 78.3	40	\$ 134.3	36	\$ 90.0	27
Community	\$ 118.5	60	238.2	64	\$ 246.8	73
Total	\$196.8		\$372.5		\$336.8	

Table IV. Amount and Proportion of Total MR/DD Budget in Institutional and Community Components (\$ Million)

Annual county expenses. County expenses would go from a current \$29.0 million per year in SFY 1981 to \$67.1 in SFY 1987, under the DPW compliance plan with minimal Medicaid in the community. Under the accelerated plan with MA maximization, county expenses would go to \$42.2 million in SFY 1987. (In constant dollars, the first plan represents an *increase* of 31 percent, while the second plan represents a *decrease* of 18 percent, from SFY 1981 to SFY 1987).

Residential/non-residential service mix. There is little change in this ratio for either plan. Currently, about 74 percent of all costs are for residential services. Under the DPW compliance plan, this would decrease to 73 percent by 1987. Under the accelerated plan, this would decrease to 70 percent by 1987.

Relative shares of total cost. Looking at the first and last years studied provides a good picture of the effects of the two plans. The DPW compliance plan, with minimal Medicaid in the community, reduces the state and federal proportions of costs slightly, and increases the proportion of the total cost borne by the counties considerably. The accelerated plan, with Medicaid maximization, increases the federal proportion of costs, with declines in the proportions for both county and state (Table V).

Funding Source	SFY 1981		SF 1987			
	(Both Plans)		DPW Plan		Accel'd Plan	
	Costs	%	Costs	%	Costs	%
State	\$ 83.3	42	\$151.5	41	\$131.5	39
Counties	29.0	15	67.1	18	42.2	13
Federal	84.5	43	153.8	41	163.2	48
Total	\$196.8		\$372.5		\$336.8	

Table V. Proportions of Total Cost Borne by each Funding Source,
SFY 1981 and 1987 (\$ Million)

The Six-Year Effects: Totals and Patterns

In the subsection above, we compared current conditions with those that we would obtain under either of two alternative approaches. Here, we look at all three plans over the six-year period. In comparing the effects of the three plans, we have developed estimates of effects by level of care and by year, so that comparisons may be made in detail. (These data are displayed in Attachments A, B, and C of this report.)

In the following subsections, we will make some basic six-year total or pattern comparisons on the effects of following the three plans: the DPW compliance plan, which follows the Medicaid status quo in the community; the same plan with Medicaid maximization in the community; and an accelerated compliance plan, with Medicaid maximization in the community. The comparisons will cover:

1. Total six-year costs and federal/non-federal shares.
2. The pattern of Medicaid reimbursements over the six-year period.
3. The pattern of county and state costs over the six-year period.

Total Six-Year Costs and Shares

The six-year costs under the three plans are the same for the two compliance plans, except for a small difference which is an artifact of the Departmental definition of supervised living residences. Accelerated compliance costs are about 7 percent less over the six-year period (\$1.762.3 billion versus \$1.636.7 billion). The two plans which assume an aggressive approach to using Medicaid for community services shift federal contributions from 41.7 percent of total spending to 48.7 and 49.5 percent, respectively. As noted before, using Medicaid in the community is worth \$135.4 million in savings over the period, while accelerated compliance is worth \$53.2 million during that period. (See Table VI, below, for details.)

Plan	Federal Share	% Federal	Nonfederal Share	Total Cost
DPW Compliance Plan with Medicaid Status Quo in Community	734.2	41.7	1028.1	1762.3
DPW Compliance Plan with Medicaid Maximization in Community	874.8	49.5	892.7	1767.5
Accelerated Compliance with Medicaid Maximization in Community	797.3	48.7	839.4	1636.7

Table VI. Six-Year Costs for the Three MR/DD Plans : SFY 1982-87 (\$ Million)

The Pattern of MA Reimbursements: Its Key Importance

At the present time, the State of Minnesota has the reputation of being a large user of Medicaid financing for MR/DD services. However, this is true only because of the State's pioneering role in the use of community ICF/MR facilities. It is actually underusing Medicaid financing for MR/DD programs by about \$35 million per year. The result is that Medicaid reimbursements are \$15 to \$20 million per year too low to the state.

In our recommendations, we have proposed a number of changes in Medicaid financing – changing methods of cost allocation for the state institutions, converting children in cost of care programs who are in

ICF/MRs to Medicaid financing (from current state-county financing), changing day activity center financing from CSSA to Medicaid where possible, financing supervised independent living facility staff under Medicaid, moving to a Medicaid-financed training program for community services providers, and financing the continuum-of-care program management and case management functions under Medicaid.

The result, when combined with a more rapid deinstitutionalization, would be large increases in Medicaid reimbursements in SFY 1982 and SFY 1983, with smaller increases thereafter.

If, however, the current compliance plan were retained, the pattern then would be quite different. With the current Medicaid approach, there would be smaller increases through SFY 1983, but a much greater rate of increase in the later years. If Medicaid were to be maximized in the community, there would be increases through SFY 1983 which were as great as under the accelerated compliance, but these large increases would be continued in the later years as well.

These results, which are displayed on Table VII, below, show that the rate of Medicaid increase after 1983, under the compliance plan, would be about 11 percent per year, regardless of whether Medicaid were maximized in the community or not. The annual rate of increase for Medicaid reimbursements under the accelerated plan, however, would be only 7.8 percent per year — somewhat under the projected inflation level. What this means is that the accelerated plan maximizes the use of Medicaid dollars early, then puts them under cost control later.

State Fiscal Year	DPW Compliance Plan		Accelerated Compliance Plan with Medicaid Maximization in the Community
	MA Minimum in Community	MA Maximum in Community	
1982	81.1	97.7	96.8
1983	91.5	110.7	105.7
1984	103.6	125.4	113.4
1985	117.4	142.2	120.6
1986	129.1	156.9	129.6
1987	139.0	170.0	142.6
Total	661.7	802.9	708.7
Average Annual Increase*	11.0%	11.3%	7.8%

Table VII. Medicaid Reimbursements Under the Three MR/DD Plans:
SFY 1982-87 (\$ Million)

* Average annual increase, compounded, with SFY 1982 as the base year.

Most of the proposals that have been considered by the Congress for closing the open-ended Medicaid account include a "floating", inflation-related, cap. Under the accelerated plan, with Medicaid maximization, the state would be able to stay within such a cap. Under the DPW compliance plan, however -- *whether under a Medicaid maximization approach or not* -- the rate of increase in Medicaid payments will be *more* than an inflation-related cap. Thus, the state would lose between \$3 and \$5 million in FY 1983 in Medicaid reimbursements under the compliance plan, depending on whether "maximized" or not, if a cap plan comparable to that proposed by Senator Dole this past summer were to be enacted in the next session of the Congress. Under the accelerated plan, however, the State would actually acquire a \$3 million "credit" for FY 1983, to be used elsewhere in the Medicaid program.

The increased costs to the state and the counties attributable to a Medicaid cap will depend upon: (1) what base year is assumed for the cap; and (2) which of three competing plans is used. Table VIII, below, summarizes the increases using the base years SFY 1982 and 1983 for all three plans.

Base Year for Cap	DPW Compliance Plan	Accelerated Compliance Plan
	MA Minimum in Community	MA Maximum in Community with Medicaid Maximization in the Community
SFY 1982	\$36.1	\$49.1 - 38.1 ¹
SFY 1983	22.0	29.3 - 33.4 ¹

Table VIII. Increased Costs 2,3,4 through SFY 1987 for the Three Plans for Two Choices of Base Year (\$ Million).

¹ The minus sign indicates a "credit" to apply to other Medicaid programs which exceed the cap.

² The increased costs are federal Medicaid reimbursement-accounts which, under a cap, become a state and county responsibility. Not included are the balance of costs which represent the Medicaid match.

³ GNP deflator assumed to be 10% in the formula: Costs = (1 + GNP deflator) x (Prior year's costs).

⁴ Base year assumed to coincide with state fiscal year.

Table VIII displays the increased costs through SFY 1987 attributable to a Medicaid cap. Both versions of the DPW Compliance Plan are losers under the cap, while the Accelerated Compliance Plan accrues credits that offset losers elsewhere in the Medicaid system.

Medicaid maximization in the community, coupled with a policy of more rapid deinstitutionalization, thus provides a hedge against the possibility of a Medicaid cap. Medicaid maximization, as a "pure" policy (i.e., without a parallel policy of more rapid deinstitutionalization) fails under a cap, since all of the above-cap costs are absorbed by the state and the counties.

The Pattern of County and State Costs

Under the current financing structure for MR/DD in the state, the counties invested about \$29 million in MR/DD in SFY 1981. Under the DPW Compliance Plan, with minimal MA in the community, this would increase at a rate of 15 percent per year, through SFY 1987, in contrast to the state's 10 to 11 percent annual increase (Table VII). By SFY 1987, the counties would be spending about \$67 million per year.

If the compliance plan were retained, but the MA maximization approach adopted for the community, the rate of increase would drop radically to 6.2 percent per year for the counties. (The state would remain at about 10 percent per year.)

The counties would do no better under the accelerated plan with Medicaid maximization. There would be an annual growth rate of 6.4 percent in county costs under this plan. (The state, however, does much better under the plan.)

These data, shown in Table IX, on the following page, show something very important which was, up to now, unknown: Under the current compliance plan, with no community Medicaid funding, the counties take something of a fiscal beating. Put another way, current state deinstitutionalization plans put extra responsibilities on the counties over the next five years without paying them for those extra responsibilities. Changing to the Medicaid maximization strategy in the community takes care of that problem.

Because of the difference of the two plans, the DPW compliance plan with minimal Medicaid in the community and the accelerated compliance plan with Medicaid maximization, there will need to be a

number of state appropriation shifts (e.g., from CSSA into Medicaid match). These shifts are detailed, by year, account, and type of service, in the last statistical attachment (Attachment D) to this report.

Year	DPW Compliance Plan		Accelerated Compliance Plan with Maximization in the Community
	MA Minimum Community	MA Maximum in Community	
1981	\$29.0	\$29.0	\$29.0
1982	37.0	22.6	22.7
1983	42.0	25.6	26.1
1984	47.7	29.2	29.8
1985	54.0	33.2	33.9
1986	60.4	37.3	38.0
1987	67.1	41.5	42.2
Average Annual Increase	15.0%	6.2%	6.4%

Table IX. County MR/DD Costs Under the Three Plans: SFY 1981-87.
(\$ Million)

How to Read the Tables

There are twenty-one tables in each of the Minnesota runs, and each table contains twenty-four line entries for each of seven years. The prospect of examining 3,528 separate entries in a single run (the DPW Compliance Plan with Minimal MA in the Community, for example, as presented in Attachment A) can be appalling. The prospect of examining twice that number in comparing two runs (the two versions of the DPW Compliance Plan, for example, as presented in Attachments A and B, respectively) must be, by at least one order of magnitude, even more appalling.

As concerns an item-by-item comparison of any two runs, we have eliminated the need ever to do so. A special run, producing a set of "difference" tables, conveniently identifies each and every entry that changes from one run to another, as well as the magnitude and direction of each change. Thus, the problem of an item-by-item comparison of Alternative B versus Alternative A is reduced to the problem of an item-by-item examination of another run that represents the set of "B minus A" differences. The "C minus A" or "C minus B" differences can be produced similarly. For this report, the "C minus A" differences were selected for presentation, and they are displayed in Attachment D. But we'll defer discussion of Attachment D until later in this section.

Actually, the *last* thing one would want to even consider doing is an item-by-item examination of the separate entries of any one run - except, of course, to the extent necessary to satisfy oneself that the numbers reconcile correctly and that the model's "vision" of the future is reasonable. Rather, one would want to read the "flow" of the numbers horizontally across the years, vertically along the continuum of care, and from the first table to the last. This is really quite easy.

The Flow Across the Years

The numbers in the first column (SFY 1981) are historical data, and their source is documented later in this report. The SFY 1981

historical data are a composite of actual data for that year, projected data from a prior year, or "informed" estimates. (SFY 1981 is now a matter of history, and all estimates for that year should be replaced when actual data become available).

Targets are specified in terms of patient counts, and appear in Table 1 of Attachments A, B, and C. DPW projects a reduction of its inpatient population from 2,550 to 1,850 by the end of SFY 1987, achieving a steady state from that point on. The annual reductions average somewhat less than five percent of the SFY 1981 year-end caseload.

Comparing all of the Table 1 entries (in Attachment A, for example) for June 30, 1985 with those of June 30, 1981, we see the following changes occurring:

State Institutions

State hospitals:	Down 450, from 2,550 to 2,100
State nursing homes:	No data
Other nursing homes:	No change

Net change in institutional settings: Down 450

Community Residences

ICFMRs:	Up 400, from 3,000 to 3,400
All other community residences:	No change
Supported independent living:	New program, accommodating 600
Family subsidy:	Up 95, from 105 to 200

Net change in non-institutional settings: Up 1,095

Day Programming

Sheltered work:	Up 600, from 4,200 to 4,800
Day activity (adult):	Up 475, from 3,600 to 4,075
Day activity (child):	Up 25, from 1,400 to 1,425

Net change: Up 1,100

Program Management

Program administration:	Up 650, from 12,100 to 12,750*
Case management:	No change

* This number appears in Attachments A and B as 12,850 — an error in data entry. The error adds only \$14,600 to annual costs, but will be corrected if there is sufficient interest in the model to run it again on Minnesota data.

The service system loses 450 institutional patients, but gains 1,095 in non-institutional settings, for a net gain of 645.

The Flaw Within the Years

The numbers in Table 1 "add up" vertically, for each of the years, as follows:

Program Management. This is the total number of persons in the MR-DD service system, and is assumed to be the sum of: (1) all institutionalized patients and (2) all day programming participants.

Non-institutional Settings. All persons in community residences and all persons with independent living arrangements or assumed to participate in some form of day programming.

Subtotals. The subtotals are meaningful (and useful) wherever there is no overlap among the counts being summed (as in the residential subsystem categories and in day programming). They may or may not be meaningful (or have utility) in the remaining two generic categories, but are presented nevertheless.

Tables 2, 3, and 4

Table 2, Average Daily Census, presents actual data where available (as in the developmental centers for the historical years), and estimates otherwise. The method of estimating average daily census for any given year is simply averaging the two year-end counts (from Table 1) bounding that year. Thus, for example, the SFY 1982 average daily census for sheltered work (4,275) is estimated to be the average of the SFY 1981 year-end count (4,200) and the SFY 1982 year-end estimate (4,350). The average daily census figures are rounded to integers for presentation purposes.

Table 3, Annual Costs per Client, and Table 4, Program Costs, are interrelated as follows:

Where program costs are known, as is usually the case for the historical years, annual costs per client equal program costs divided by average daily census.

Where program costs are not known, as is always the case where projections are made, they are estimated by multiplying annual costs per client by the average daily census.

Cost inflation is always applied to annual costs per client, never to program costs. (An annual inflation rate of 105% was assumed for all future years).

The Table 2 entries "add up" in the same manner as the Table 1 entries, except for rounding. The problem noted earlier, in which the Table 1 day programming entries were the numbers served during the year rather than year-end counts, propagates into Table 2 because of the averaging method employed. Thus, the day programming average daily census figures in Table 2 are somewhat artificial, as are the Table 3 entries for annual costs, but their biases compensate for one another (since, in the case of the day programming services, the program costs for SFY 1980 were known) in a way that produces correct Table 4 cost estimates.

The Table 3 entries are not summed for presentation. Here, category totals would be meaningless. The Table 3 entries can be added up in another way, however, to price out various service "packages." For example: next year's (SFY 1983) costs for an adult in an ICF/MR, with day programming, would be \$18,999 (residential) plus \$4,794 (day activity) plus \$597 (program and case management) for a total of \$24,390.

Table 4 is pivotal. Except for certain obvious deficiencies (e.g., no data for state nursing homes), it accounts for all of the costs of the entire MR-DD continuum of care for each of the seven years through SFY 1986. What remains now is to see how those costs are paid for.

Tables 5, 11, 15, and 19

The responsibility for paying the costs displayed in Table 4 for any program or service for any year can be ascertained by examining the corresponding entries of Tables 5, 11, 15, and 19, as follows:

Table 5 - Federal Share
 Table 11 - State Share
 Table 15 - County Share
 Table 19 - Other Funding

Tables 5, 11, 15, and 19, of course, "add up" to Table 4.

The Federal Accounts

Ten separate federal accounts are assessed in funding the full

continuum of care. The most important of these is Medicaid, Table 6, which accounts for about 90% of the federal funding. The lesser federal accounts are detailed in the next nine tables, and they make up the remaining 10%.

Tables 6 through 10 "add up" to Table 5. Several of them (HUD Section 8 and FNS, for example) apply only to one or two services, and at first glance may appear uninteresting. But their "emptiness" probably should raise questions of this type:

Why not Food Stamps in small residential facilities such as group homes, as permitted by PL 96-58?

Also, with respect to SSA and SSI:

Are all persons eligible for either or both of these entitlement programs currently receiving benefits?

Is there a mechanism in place to identify changes in individual circumstances that may make previously ineligible persons eligible?

And finally, with respect to the federal programs that are *not* represented as funding sources:

What about RRB, VA, CHAMPUS, and possibly other federal programs which would pay benefits to MR-DD persons on the basis of their parents' eligibility? Also, is there VR funding in sheltered workshops? (If so, is the amount known?)

State, County, and Other Accounts

Tables 12-14 are the state accounts, and they sum to Table 11: State Share.

Tables 16-18 are the county accounts, and they sum to Table 15: County Share.

Tables 19 and 20 are the "other funding" accounts, and they sum to Table 18: Other Funding. (It is noted that over \$60 million of the other-and-unidentified funding is attributed to sheltered workshops. To the extent that this represents VR funding, it is either 80% - federal/20% - state funding or 100% - federal funding, depending upon the claiming strategy employed - provided, of course, the state doesn't "overmatch" its VR account. Unfortunately, the data needed for proper classification were not available).

Comparing Two Plans (or Two Versions of the Same Plan)

Alternatives A and B, as presented in Attachments A and B, respectively, are two versions of the same basic plan. Their differences are:

Alternative A has no Medicaid funding of any of the community residential or generic services.

Alternative B adds a Medicaid-eligible staffing component to the assisted independent living program, thus increasing the costs of that service, and assumes Medicaid funding for a portion of all day programming and program management services.

In all other respects, the two alternatives are identical.

One would read the two sets of tables describing the two alternatives in much the same way – by reading their "flows." But *comparing* them?

Perusal of Pages A3 and B3 (in Attachments A and B, respectively) reveals after some study that these two tables are identical – i.e., that the year-end client counts were not affected by moving to new Medicaid funding. Similarly, Pages A4 and B4 (Average Daily Census) are identical. Pages A5 and B5, on the other hand, are almost identical – but not quite. The annual per-client costs have changed for the Assisted Independent Living Program, because of the new Medicaid supported staffing component. Continuing on with this type of comparison for the remaining twenty-two A and B pairs would reveal other identical pairs, other almost-but-not-quite-identical pairs, and some pairs with many changes.

The task of comparing two *different* plans, rather than two versions of the same plan, can be even more burdensome. The DPW Compliance Plan with Minimal MA in the Community (Attachment A0 and the Accelerated Compliance Plan with MA Maximization (Attachment C) are markedly different plans, and would require a line-by-line (or, perhaps, entry-by-entry) comparison of each of the twenty-one A-and-C pairs of tables. This task, however, has been simplified greatly by a special set of tables that displays all of the differences between the two plans.

Attachment D

Every entry in Attachment A was subtracted from the corresponding entry in Attachment C to produce the set of "difference" tables found in Attachment D.

Table 1 of Attachment D summarizes the programmatic differences between the two plans. By SFY 1985 year-end, the Accelerated Compliance Plan deinstitutionalizes 900 more state hospital patients than does the DPW Compliance Plan. (It also deinstitutionalizes 50 nursing home patients). The Accelerated Compliance Plan relies less heavily on the ICF/MR and cost-of-care options, but expands the supported independent living program by 800 more residents, and the family subsidy program by 400 more.

Table 3 displays the effect of adding a Medicaid-staff component to the SIL program, and Table 4 displays the changes in total costs for each of the residential and generic services. The remaining tables document the changes that take place for the various reimbursement accounts. Table 10, for example, shows the effect of "assuming" 100% MA-eligibility for adult day activity participants, thus necessitating the shift of Title XX funds elsewhere.

Attachment A

DPW Compliance Plan *With* Minimal MA in the Community

	DPW	Acc.
Min. MA	X	
Max. MA		

Source of Payment	1982-3 Biennium	1984-5 Biennium	1986-7 Biennium	Six-Year Total
Federal Share	\$192.5	\$245.1	\$296.6	\$734.2
State Share	190.9	238.1	290.7	719.7
County Share	57.9	74.2	93.0	225.1
Other Reimbursement	21,3	27.4	34.6	83.3
Total (Costs)	\$462.6	\$584.8	\$714.9	\$1,762.3

Summary of Costs and Reimbursements

Costs: See Table 4

Federal Share: See Table 5

State Share: See Table 11

County Share: See Table 15

Other Reimbursement: See Table 19

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	2,550	2,450	2,350	2,227	2,100	1,977	1,850
STATE HOSPITAL	2,550	2,450	2,350	2,227	2,100	1,977	1,850
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	350	350	350	350	350	350	350
NURSING HOME	350	350	350	350	350	350	350
COMMUNITY RESIDENCES	4,465	4,490	4,515	4,690	4,865	4,940	5,015
ICF/MR RULE	3,000	3,025	3,050	3,225	3,400	3,475	3,550
34 COST OF CARE	400	400	400	400	400	400	400
OTHER COST OF CARE	265	265	265	265	265	265	265
OTHER COMMUNITY RESIDENCE	800	800	800	800	800	800	800
INDEPENDENT LIVING	105	400	600	700	800	850	900
SUPPORTED INDEPENDENT LIVING	0	200	400	500	600	650	700
FAMILY SUBSIDY	105	200	200	200	200	200	200
OUTPATIENT SERVICES	12,255	12,255	12,255	12,255	12,255	12,255	12,255
OUTPATIENT MEDICAL SERVICE	6,000	6,000	6,000	6,000	6,000	6,000	6,000
MENTAL HEALTH SERVICE	6,255	6,235	6,255	6,255	6,255	6,255	6,255
DAY PROGRAMMING	9,200	9,475	9,751	10,025	10,300	10,425	10,550
SHELTERED WORK	4,200	4,350	4,500	4,650	4,800	4,850	4,900
DAY ACTIVITY (ADULT)	3,600	3,719	3,838	3,956	4,075	4,125	4,175
DAY ACTIVITY (CHILD)	1,400	1,406	1,413	1,419	1,425	1,450	1,475
PROGRAM ADMINISTRATION	20,500	20,688	20,875	21,063	21,250	21,200	21,150
PROGRAM MANAGEMENT	12,100	12,288	12,475	12,663	12,850	12,800	12,750
CASE MANAGEMENT	8,400	8,400	8,400	8,400	8,400	8,400	8,400
TOTAL	-	-	-	-	-	-	-

MINNESOTA

TABLE 1

YEAR-END CLIENT CENSUS

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	2,601	2,501	2,403	2,290	2,165	2,041	1,914
STATE HOSPITAL	2,601	2,501	2,403	2,290	2,165 0	2,041	1,914
STATE NURSING HOME	0	0	0	0		0	0
COMMUNITY INSTITUTIONS	350	350	350	350	350	350	350
NURSING HOME	350	350	350	350	350	350	350
COMMUNITY RESIDENCES	4,500	4,478	4,503	4,603	4,778	4,903	4,978
ICF/MR	3,000	3,013	3,038	3,138	3,313	3,438	3,513
RULE 34 COST OF CARE	432	400	400	400	400	400	400
OTHER COST OF CARE	268	265	265	265	265	265	265
OTHER COMMUNITY RESIDENCE	800	800	800	800	800	800	800
INDEPENDENT LIVING	105	268	487	650	750	825	875
SUPPORTED INDEPENDENT LIVING	0	113	287	450	550	625	675
FAMILY SUBSIDY	105	153	200	200	200	200	200
OUTPATIENT SERVICES	12,255	12,255	12,255	12,255	12,255	12,255	12,255
OUTPATIENT MEDICAL SERVICE	6,000	6,000	6,000	6,000	6,000	6,000	6,000
MENTAL HEALTH SERVICE	6,255	6,255	6,255	6,255	6,255	6,255	6,255
DAY PROGRAMMING	9,200	9,338	9,614	9,888	10,163	10,363	10,488
SHELTERED WORK	4,200	4,275	4,425	4,575	4,725	4,829	4,875
DAY ACTIVITY (ADULT)	3,600	3,660	3,779	3,897	4,016	4,100	4,150
DAY ACTIVITY (CHILD)	1,400	1,403	1,410	1,416	1,422	1,438	1,463
PROGRAM ADMINISTRATION	20,782	20,594	20,782	20,969	21,157	21,225	21,175
PROGRAM MANAGEMENT	12,382	12,194	12,382	12,569	12,757	12,825	12,775
CASE MANAGEMENT	3,400	8,400	8,400	8,400	8,400	8,400	8,400
TOTAL	-	-	-	-	-	-	-

MINNESOTA

TABLE 2

AVERAGE DAILY CENSUS

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS							
STATE HOSPITAL	28,483	32,951	38,425	45,061	52,675	59,867	66,251
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS							
NURSING HOME	12,100	13,310	14,641	16,105	17,716	19,487	21,436
COMMUNITY RESIDENCES							
ICF/MR	15,701	17,272	18,999	20,898	22,988	35,287	27,816
RULE 34	20,146	22,161	24,377	26,815	29,496	32,446	35,691
COST OF CARE	6,726	7,399	8,139	8,953	9,848	10,833	11,916
OTHER COST OF CARE	6,780	7,100	7,810	8,591	9,450	10,395	11,435
OTHER COMMUNITY RESIDENCE							
INDEPENDENT LIVING'							
SUPPORTED INDEPENDENT LIVING	0	6,926	7,244	7,968	8,765	9,642	10,606
FAMILY SUBSIDY	2,619	2,619	2,619	2,881	3,169	3,486	3,834
OUTPATIENT SERVICES							
OUTPATIENT MEDICAL SERVICE	2,200	2,420	2,662	2,928	3,221	3,543	3,897
MENTAL HEALTH SERVICE	537	590	650	714	786	865	951
DAY PROGRAMMING							
SHELTERED WORK	3,032	3,335	3,668	4,035	4,439	4,882	5,371
DAY ACTIVITY (ADULT)	3,962	4,358	4,794	5,274	5,801	6,381	7,019
DAY ACTIVITY (CHILD)	5,094	5,604	6,164	6,780	7,458	8,204	9,024
PROGRAM ADMINISTRATION							
PROGRAM MANAGEMENT	100	110	121	133	146	161	177
CASE MANAGEMENT	393	432	476	523	575	633	696
TOTAL	-	-	-	-	-	-	-

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	74,084,200	82,410,400	92,335,300	103,189,700	114,041,300	122,188,500	126,804,300
STATE HOSPITAL	74,084,200	82,410,400	92,335,300	103,189,700	114,041,300	122,188,500	126,804,300
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	4,235,000	4,658,500	5,124,300	5,636,800	6,200,400	6,820,500	7,502,500
NURSING HOME	4,235,000	4,658,500	5,124,300	5,636,800	6,200,400	6,820,500	7,502,500
COMMUNITY RESIDENCES	63,020,700	68,535,600	75,864,100	85,540,300	98,117,200	111,089,800	124,284,800
ICF/MR	47,104,200	52,030,400	57,708,400	65,569,000	76,148,800	86,924,500	97,703,100
RULE 34 COST OF CARE	8,693,200	8,864,400	9,750,900	10,726,000	11,798,500	12,978,400	14,276,200
OTHER COST OF CARE	1,799,300	1,960,800	2,156,800	2,372,500	2,609,800	2,870,800	3,157,800
OTHER COMMUNITY RESIDENCE	5,424,000	5,680,000	6,248,000	6,872,800	7,560,100	8,316,100	9,147,700
INDEPENDENT LIVING	275,000	1,182,000	2,602,800	4,162,000	5,454,700	6,723,300	7,925,900
SUPPORTED INDEPENDENT LIVING	0	782,600	2,079,000	3,585,800	4,820,900	6,026,100	7,159,000
FAMILY SUBSIDY	275,000	399,400	523,800	576,200	633,800	697,200	766,900
OUTPATIENT SERVICES	16,557,700	18,213,400	20,034,800	22,038,200	24,242,000	26,666,200	29,332,800
OUTPATIENT MEDICAL SERVICE	13,200,000	14,520,000	15,972,000	17,569,100	19,326,000	21,258,600	23,384,500
MENTAL HEALTH SERVICE	3,357,700	3,693,400	4,062,800	4,469,100	4,916,000	5,407,600	5,948,300
DAY PROGRAMMING	34,128,300	38,067,400	43,034,900	48,612,600	54,871,700	61,513,500	68,509,900
SHELTERED WORK	12,732,700	14,256,100	16,231,900	18,460,300	20,972,100	23,557,600	26,181,800
DAY ACTIVITY (ADULT)	14,263,900	15,949,600	18,115,100	20,551,500	23,294,000	26,162,600	29,129,800
DAY ACTIVITY (CHILD)	7,131,700	7,861,700	8,687,900	9,600,800	10,605,600	11,793,300	13,198,300
PROGRAM ADMINISTRATION	4,539,400	4,972,600	5,492,600	6,066,800	6,701,000	7,382,100	8,111,400
PROGRAM MANAGEMENT	1,238,200	1,341,300	1,498,200	1,672,900	1,867,700	2,065,500	2,263,200
CASE MANAGEMENT	3,301,200	3,631,300	3,994,400	4,393,900	4,833,300	5,316,600	5,848,200
TOTAL	196,840,300	218,039,900	244,468,800	275,246,400	309,625,300	342,383,900	372,471,600

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	38,639,300	42,533,700	48,648,700	55,246,200	62,027,100	66,458,300	68,968,900
STATE HOSPITAL	38,639,300	42,533,700	48,648,700	55,246,200	62,027,100	66,458,300	68,968,900
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	2,356,400	2,522,800	2,787,100	3,065,800	3,372,400	3,709,700	4,080,600
NURSING HOME	2,356,400	2,522,800	2,787,100	3,065,800	3,372,400	3,709,700	4,080,600
COMMUNITY RESIDENCES	29,240,800	32,030,100	35,625,700	40,324,900	46,545,300	52,919,100	59,345,700
ICF/MR	26,208,700	28,177,300	31,387,600	35,663,000	41,417,300	47,278,200	53,140,700
RULE 34 COST OF CARE	461,300	470,400	517,400	569,100	626,000	688,700	757,500
OTHER COST OF CARE OTHER	286,000	841,600	925,800	1,018,400	1,120,200	1,232,200	1,355,500
COMMUNITY RESIDENCE	2,284,800	2,540,800	2,794,900	3,074,400	3,381,800	3,720,000	4,092,000
INDEPENDENT LIVING	0	358,900	1,002,800	1,729,500	2,325,300	2,906,600	3,453,000
SUPPORTED INDEPENDENT LIVING	0	358,900	1,002,800	1,729,500	2,325,300	2,906,600	3,453,000
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	8,177,900	8,498,300	9,325,400	10,197,800	11,157,300	12,212,900	13,373,900
OUTPATIENT MEDICAL SERVICE	7,344,500	7,863,400	8,687,100	9,555,900	10,511,400	11,562,600	12,718,800
MENTAL HEALTH SERVICE	833,400	634,900	638,300	641,900	645,900	650,300	655,100
DAY PROGRAMMING	5,204,900	3,903,700	3,903,700	3,903,700	3,903,700	3,903,700	3,903,700
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	3,469,900	2,602,400	2,602,400	2,602,400	2,602,400	2,602,400	2,602,400
DAY ACTIVITY (CHILD)	1,735,000	1,301,300	1,301,300	1,301,300	1,301,300	1,301,300	1,301,300
PROGRAM ADMINISTRATION	883,100	662,400	662,400	662,400	662,400	662,400	662,400
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	883,100	662,400	662,400	662,400	662,400	662,400	662,400
TOTAL	84,502,400	90,509,900	101,955,800	115,130,300	129,993,500	142,772,700	153,788,200

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	38,639,300	42,533,700	48,648,700	55,246,200	62,027,100	66,458,300	68,968,900
STATE HOSPITAL	38,639,300	42,533,700	48,648,700	55,246,200	62,027,100	66,458,300	68,968,900
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	2,356,400	2,522,800	2,787,100	3,065,800	3,372,400	3,709,700	4,080,600
NURSING HOME	2,356,400	2,522,800	2,787,100	3,065,800	3,372,400	3,709,700	4,080,600
COMMUNITY RESIDENCES	26,208,700	28,177,300	31,387,600	35,663,000	41,417,300	47,278,200	53,140,700
ICF/MR	26,208,700	28,177,300	31,387,600	35,663,000	41,417,300	47,278,200	53,140,700
RULE 34 COST OF CARE OTHER	0	0	0	0	0	0	0
COST OF CARE OTHER	0	0	0	0	0	0	0
COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	7,375,100	7,896,200	8,723,300	9,595,700	10,555,200	11,610,800	12,771,800
OUTPATIENT MEDICAL SERVICE	7,344,500	7,863,400	8,687,100	9,555,900	10,511,400	11,562,600	12,718,800
MENTAL HEALTH SERVICE	30,600	32,800	36,200	39,800	43,800	48,200	53,000
DAY PROGRAMMING	0	0	0	0	0	0	0
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	0	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	0	0	0	0	0	0
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	0	0	0	0	0	0
TOTAL	74,579,500	81,130,000	91,546,700	103,570,700	117,372,000	129,057,000	138,962,000

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	3,032,100	3,852,800	4,238,100	4,661,900	5,128,000	5,640,900	6,205,000
ICF/MR	0	0	0	0	0	0	0
RULE 34	461,300	470,400	517,400	569,100	626,000	688,700	757,500
COST OF CARE	286,000	841,600	925,800	1,018,400	1,120,200	1,232,200	1,355,500
OTHER COST OF CARE	2,284,800	2,540,800	2,794,900	3,074,400	3,381,800	3,720,000	4,092,000
OTHER COMMUNITY RESIDENCE							
INDEPENDENT LIVING	0	358,900	1,002,800	1,729,500	2,325,300	2,906,600	3,453,000
SUPPORTED INDEPENDENT LIVING	0	358,900	1,002,800	1,729,500	2,325,300	2,906,600	3,453,000
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	0	0	0	0	0	0
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	0	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	0	0	0	0	0	0
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	0	0	0	0	0	0
TOTAL	3,032,100	4,211,700	5,240,900	6,391,400	7,453,300	8,547,500	9,658,000

MINNESOTA

TABLE 7

SUPPLEMENTAL SECURITY INCOME

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	0	0	0	0	0	0	0
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	0	0	0	0	0	0	0
OTHER COST OF CARE	0	0	0	0	0	0	0
OTHER COMMUNITY RESOURCES	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	0	0	0	0	0	0
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	0	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	0	0	0	0	0	0
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	0	0	0	0	0	0	0
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	0	0	0	0	0	0	0
OTHER COST OF CARE	0	0	0	0	0	0	0
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	0	0	0	0	0	0
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	0	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	0	0	0	0	0	0
PROGRAM MANAGEMENT	0	0	0		0	0	0
CASE MANAGEMENT	0	0	0	0	0	0	0
				0			
TOTAL	0	0	0	0	0	0	0

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	0	0	0	0	0	0	0
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	0	0	0	0	0	0	0
OTHER COST OF CARE	0	0	0	0	0	0	0
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	802,800	602,100	602,100	602,100	602,100	602,100	602,100
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	802,800	602,400	602,100	602,100	602,100	602,100	602,100
DAY PROGRAMMING	5,204,900	3,903,700	3,903,700	3,903,700	3,903,700	3,903,700	3,903,700
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	3,469,900	2,602,400	2,602,400	2,602,400	2,602,400	2,602,400	2,602,400
DAY ACTIVITY (CHILD)	1,735,000	1,301,300	1,301,300	1,301,300	1,301,300	1,301,300	1,301,300
PROGRAM ADMINISTRATION	883,100	662,400	662,400	662,400	662,400	662,400	662,400
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	883,100	662,400	662,400	662,400	662,400	662,400	662,400
TOTAL	6,890,800	5,168,200	5,168,200	5,168,200	5,168,200	5,168,200	5,168,200

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	35,445,000	36,276,100	39,607,000	43,310,600	46,812,800	50,157,200	52,051,900
STATE HOSPITAL	35,445,000	36,276,100	39,607,000	43,310,600	46,812,800	50,157,200	52,051,900
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	1,690,800	1,922,100	2,103,500	2,313,800	2,545,200	2,799,700	3,079,700
NURSING HOME	1,690,800	1,922,100	2,103,500	2,313,800	2,545,200	2,799,700	3,079,700
COMMUNITY RESIDENCES	27,212,500	29,703,200	32,747,600	36,880,300	42,219,500	47,739,000	53,369,200
ICF/MR RULE	18,805,900	21,467,800	23,688,700	26,915,400	31,258,300	35,681,600	40,106,100
34 COST OF CARE	4,959,200	5,056,900	5,562,600	6,118,900	6,730,700	7,403,800	8,144,200
OTHER COST OF CARE	779,400	510,500	561,500	617,700	679,400	747,400	822,100
OTHER COMMUNITY RESIDENCE	2,668,000	2,668,000	2,934,800	3,228,300	3,551,100	3,906,200	4,296,800
INDEPENDENT LIVING	275,000	823,200	1,600,100	2,432,400	3,129,400	3,816,700	4,472,900
SUPPORTED INDEPENDENT LIVING	0	423,800	1,076,300	1,856,200	2,495,600	3,119,500	3,706,000
FAMILY SUBSIDY	275,000	399,400	523,800	576,200	633,800	697,200	766,900
OUTPATIENT SERVICES	6,069,400	6,958,500	7,639,200	8,421,900	9,282,700	10,229,700	11,271,500
OUTPATIENT MEDICAL SERVICE	5,270,000	5,990,900	6,556,300	7,212,000	7,933,100	8,726,400	9,599,100
MENTAL HEALTH SERVICE	799,400	967,600	1,082,900	1,209,900	1,349,600	1,503,300	1,672,400
DAY PROGRAMMING	10,612,200	12,435,500	14,231,200	16,248,900	18,514,500	20,908,400	23,417,600
SHELTERED WORK	5,576,900	6,244,200	7,109,600	8,085,600	9,185,800	10,318,200	11,467,600
DAY ACTIVITY (ADULT)	3,356,900	4,151,000	4,824,400	5,582,200	6,435,100	7,327,200	8,250,000
DAY ACTIVITY (CHILD)	1,678,400	2,040,300	2,297,200	2,581,100	2,893,600	3,263,000	3,700,000
PROGRAM ADMINISTRATION	1,990,200	2,264,600	2,534,500	2,833,400	3,164,800	3,513,000	3,876,000
PROGRAM MANAGEMENT	1,238,200	1,341,300	1,498,200	1,672,900	1,867,700	2,065,500	2,263,200
CASE MANAGEMENT	752,000	923,300	1,036,300	1,160,500	1,297,100	1,447,500	1,612,800
TOTAL	83,295,100	90,383,200	100,463,100	112,441,300	125,668,900	139,163,700	151,538,800

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	30,805,800	32,405,600	36,716,000	41,695,200	46,812,800	50,157,200	52,051,900
STATE HOSPITAL	30,805,800	32,405,600	36,716,000	41,695,200	46,812,800	50,157,200	52,051,900
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	1,690,800	1,922,100	2,103,500	2,313,800	2,545,200	2,799,700	3,079,700
NURSING HOME	1,690,800	1,922,100	2,103,500	2,313,800	2,545,200	2,799,700	3,079,700
COMMUNITY RESIDENCES	18,805,900	21,467,800	23,688,700	26,915,400	31,258,300	35,681,600	40,106,100
ICF/MR	18,805,900	21,467,800	23,688,700	26,915,400	31,258,300	35,681,600	40,106,100
RULE 34 COST OF CARE	0	0	0	0	0	0	0
OTHER COST OF CARE	0	0	0	0	0	0	0
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	5,292,000	6,015,900	6,583,600	7,242,100	7,966,200	8,762,800	9,639,100
OUTPATIENT MEDICAL SERVICE	5,270,000	5,990,900	6,556,300	7,212,000	7,933,100	8,726,400	9,599,100
MENTAL HEALTH SERVICE	22,000	25,000	27,300	30,100	33,100	36,400	40,000
DAY PROGRAMMING	0	0	0	0	0	0	0
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	0	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	0	0	0	0	0	0
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	0	0	0	0	0	0
TOTAL	56,594,500	61,811,400	69,091,800	78,166,500	88,582,500	97,401,300	104,876,800

MINNESOTA

TABLE 12

STATE MEDICAID MATCH

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						1987
	1981	1982	1983	1984	1985	1986	
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	2,668,000	2,668,000	2,934,800	3,228,300	3,551,100	3,906,200	4,296,800
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	0	0	0	0	0	0	0
OTHER COST OF CARE	0	0	0	0	0	0	0
OTHER COMMUNITY RESIDENCE	2,668,000	2,668,000	2,934,800	3,228,300	3,551,100	3,906,200	4,296,800
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	0	0	0	0	0	0
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	0	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	0	0	0	0	0	0
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	0	0	0	0	0	0
TOTAL	2,668,000	2,668,000	2,934,800	3,228,300	3,551,100	3,906,200	4,296,800

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	4,639,200	3,870,400	2,891,000	1,615,400	0	0	0
STATE HOSPITAL	4,639,200	3,870,400	2,891,000	1,615,400	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	5,738,600	5,567,400	6,124,100	6,736,600	7,410,100	8,151,200	8,966,300
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	4,959,200	5,056,900	5,562,600	6,118,900	6,730,700	7,403,800	8,144,200
OTHER COST OF CARE	779,400	510,500	561,500	617,700	679,400	747,400	822,100
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	275,000	823,200	1,600,100	2,432,400	3,129,400	3,816,700	4,472,900
SUPPORTED INDEPENDENT LIVING	0	423,800	1,076,300	1,856,200	2,495,600	3,119,500	3,706,000
FAMILY SUBSIDY	275,000	399,400	523,800	576,200	633,800	697,200	766,900
OUTPATIENT SERVICES	777,500	942,600	1,055,600	1,179,800	1,316,600	1,466,900	1,632,300
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	777,500	942,600	1,055,600	1,179,800	1,316,600	1,466,900	1,632,300
DAY PROGRAMMING	10,612,200	12,435,500	14,231,200	16,248,900	18,514,500	20,908,400	23,417,600
SHELTERED WORK	5,576,900	6,244,200	7,109,600	8,085,600	9,185,800	10,318,200	11,467,600
DAY ACTIVITY (ADULT)	3,356,900	4,151,000	4,824,400	5,582,200	6,435,100	7,327,200	8,250,000
DAY ACTIVITY (CHILD)	1,678,400	2,040,300	2,297,200	2,581,100	2,893,600	3,263,000	3,700,000
PROGRAM ADMINISTRATION	1,990,200	2,264,600	2,534,500	2,833,400	3,164,800	3,513,000	3,876,000
PROGRAM MANAGEMENT	1,238,200	1,341,300	1,498,200	1,672,900	1,867,700	2,065,500	2,263,200
CASE MANAGEMENT	752,000	923,300	1,036,300	1,160,500	1,297,100	1,447,500	1,612,800
TOTAL	24,032,700	25,903,700	28,436,500	31,046,500	33,535,400	37,856,200	42,365,100

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	3,600,600	4,079,600	4,632,800	5,201,400	5,573,000	5,783,600
STATE HOSPITAL	0	3,600,600	4,079,600	4,632,800	5,201,400	5,573,000	5,783,600
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	187,900	213,600	233,700	257,100	282,800	311,100	342,200
NURSING HOME	187,900	213,600	233,700	257,100	282,800	311,100	342,200
COMMUNITY RESIDENCES	5,798,600	5,997,700	6,605,700	7,361,600	8,281,300	9,253,600	10,274,000
ICF/MR	2,089,600	3,385,300	2,632,100	2,990,600	3,473,200	3,964,700	4,456,300
RULE 34 COST OF CARE	2,798,100	2,853,200	3,138,500	3,452,300	3,797,600	4,177,300	4,595,000
OTHER COST OF CARE	439,700	288,000	316,800	348,500	383,300	421,700	463,800
OTHER COMMUNITY RESIDENCE	471,200	471,200	518,300	570,200	627,200	689,900	758,900
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	2,157,900	2,571,800	2,863,000	3,187,100	3,543,700	3,935,800	4,367,200
OUTPATIENT MEDICAL SERVICE	585,600	665,700	728,500	801,300	881,500	969,600	1,066,600
MENTAL HEALTH SERVICE	1,572,300	1,906,100	2,134,500	2,385,800	2,662,200	2,966,200	3,300,600
DAY PROGRAMMING	10,549,700	12,929,600	14,867,700	17,037,900	19,466,600	22,091,500	24,916,000
SHELTERED WORK	382,000	427,700	487,000	553,800	629,200	706,700	785,500
DAY ACTIVITY (ADULT)	6,778,600	8,382,000	9,741,900	11,272,000	12,994,300	14,795,800	16,659,200
DAY ACTIVITY (CHILD)	3,389,100	4,119,900	4,638,800	5,212,100	5,843,100	6,589,000	7,471,300
PROGRAM ADMINISTRATION	1,518,600	1,864,500	2,092,500	2,343,400	2,619,300	2,922,800	3,256,700
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	1,518,600	1,864,500	2,092,500	2,343,400	2,619,300	2,922,800	3,256,700
TOTAL	20,212,700	27,177,800	30,742,200	34,819,900	39,395,100	44,087,800	48,939,700

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	3,600,600	4,079,600	4,632,800	5,201,400	5,573,000	5,783,600
STATE HOSPITAL	0	3,600,600	4,079,600	4,632,800	5,201,400	5,573,000	5,783,600
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	187,900	213,600	233,700	257,100	282,800	311,100	342,200
NURSING HOME	187,900	213,600	233,700	257,100	282,800	311,100	342,200
COMMUNITY RESIDENCES	2,089,600	2,385,300	2,632,100	2,990,600	3,473,200	3,964,700	4,456,300
ICF/MR RULE	2,089,600	2,385,300	2,632,100	2,990,600	3,473,200	3,964,700	4,456,300
34 COST OF CARE	0	0	0	0	0	0	0
OTHER COST OF CARE	0	0	0	0	0	0	0
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	588,000	668,500	731,500	804,600	885,200	973,600	1,071,000
OUTPATIENT MEDICAL SERVICE	585,600	669,700	728,500	801,300	881,500	969,600	1,066,600
MENTAL HEALTH SERVICE	2,400	2,800	3,000	3,300	3,700	4,000	4,400
DAY PROGRAMMING	0	0	0	0	0	0	0
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	0	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	0	0	0	0	0	0
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	0	0	0	0	0	0
TOTAL	2,865,500	6,868,000	7,676,900	8,685,100	9,842,600	10,822,400	11,553,100

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	471,200	471,200	518,300	570,200	627,200	689,900	758,900
ICF/MR RULE	0	0	0	0	0	0	0
34 COST OF CARE	0	0	0	0	0	0	0
OTHER COST OF CARE	0	0	0	0	0	0	0
OTHER COMMUNITY RESIDENCE	471,200	471,200	518,300	570,200	627,200	689,900	758,900
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	0	0	0	0	0	0
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	0	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	0	0	0	0	0	0
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	0	0	0	0	0	0
TOTAL	471,200	471,200	518,300	570,200	627,200	689,900	758,900

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	3,237,800	3,141,200	3,455,300	3,800,800	4,180,900	4,599,000	5,058,800
ICF/MR RULE	0	0	0	0	0	0	0
34 COST OF CARE	2,798,100	2,853,200	3,138,500	3,452,300	3,797,600	4,177,300	4,595,000
OTHER COST OF CARE	439,700	288,000	316,800	348,500	383,300	421,700	463,800
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	1,569,900	1,903,300	2,131,500	2,382,400	2,658,500	2,962,200	3,296,200
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	1,569,900	1,903,300	2,131,500	2,382,400	2,658,500	2,962,200	3,296,200
DAY PROGRAMMING	10,549,700	12,929,600	14,867,700	17,037,900	19,466,600	22,091,500	24,916,000
SHELTERED WORK	382,000	427,700	487,000	553,800	629,200	706,700	785,500
DAY ACTIVITY (ADULT)	6,778,600	8,382,000	9,741,900	11,272,000	12,994,300	14,795,800	16,659,200
DAY ACTIVITY (CHILD)	3,389,100	4,119,900	4,638,800	5,212,100	5,843,100	6,589,000	7,471,300
PROGRAM ADMINISTRATION	1,518,600	1,864,500	2,092,500	2,343,400	2,619,300	2,922,800	3,256,700
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	1,518,600	1,864,500	2,092,500	2,343,400	2,619,300	2,922,800	3,256,700
TOTAL	16,876,000	19,838,600	22,547,000	25,564,500	28,925,300	32,575,500	36,527,700

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	768,800	804,600	885,100	973,600	1,071,000	1,178,100	1,295,900
ICF/MR RULE	0	0	0	0	0	0	0
34 COST OF CARE	474,600	484,000	532,400	585,600	644,200	708,600	779,500
OTHER COST OF CARE	294,200	320,600	352,700	388,000	426,800	469,500	516,400
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	152,500	184,900	207,000	231,400	258,200	287,700	320,200
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	152,500	184,900	207,000	231,400	258,200	287,700	320,200
DAY PROGRAMMING	7,761,400	8,798,600	10,032,300	11,422,100	12,987,000	14,609,800	16,272,600
SHELTERED WORK	6,773,800	7,584,200	8,635,400	9,820,900	11,157,200	12,532,600	13,928,700
DAY ACTIVITY (ADULT)	658,400	814,200	946,300	1,094,900	1,262,200	1,437,200	1,618,200
DAY ACTIVITY (CHILD)	329,200	400,200	450,600	506,300	567,600	640,000	725,700
PROGRAM ADMINISTRATION	147,500	181,100	203,300	227,600	254,400	283,900	316,300
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	147,500	181,100	203,300	227,600	254,400	283,900	316,300
TOTAL	8,830,200	9,969,200	11,327,700	12,854,700	14,570,600	16,359,500	18,205,000

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	768,800	804,600	885,100	973,600	1,071,000	1,177,100	1,295,900
ICF/MR RULE	0	0	0	0	0	0	0
34 COST OF CARE	474,600	484,000	532,400	585,600	644,200	708,600	779,500
OTHER COST OF CARE	294,200	320,600	352,700	388,000	426,800	469,500	516,400
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	0	0	0	0	0	0
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	0	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	0	0	0	0	0	0
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	0	0	0	0	0	0
TOTAL	768,800	804,600	885,100	973,600	1,071,000	1,178,100	1,295,900

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	0	0	0	0	0	0	0
ICF/MR RULE	0	0	0	0	0	0	0
34 COST OF CARE	0	0	0	0	0	0	0
OTHER COST OF CARE	0	0	0	0	0	0	0
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	152,500	184,900	207,000	231,400	258,200	287,700	320,200
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	152,500	184,900	207,000	231,400	258,200	287,700	320,200
DAY PROGRAMMING	7,761,400	8,798,600	10,032,300	11,422,100	12,987,000	14,609,800	16,272,600
SHELTERED WORK	6,773,800	7,584,200	8,635,400	9,820,900	11,157,200	12,532,600	13,928,700
DAY ACTIVITY (ADULT)	658,400	814,200	946,300	1,094,900	1,262,200	1,437,200	1,618,200
DAY ACTIVITY (CHILD)	329,200	400,200	450,600	506,300	567,600	640,000	725,700
PROGRAM ADMINISTRATION	147,500	181,100	203,300	227,600	254,400	283,900	316,300
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	147,500	181,100	203,300	227,600	254,400	283,900	316,300
TOTAL	8,061,400	9,164,600	10,442,600	11,881,100	13,499,600	15,181,400	16,909,100

MINNESOTA

TABLE 21

OTHER AND UNIDENTIFIED

Attachment B

DPW Compliance Plan
With
MA
Maximization

	DPW	Acc.
Min. MA		
Max. MA	X	

Source of Payment	1982-3 Biennium	1984-5 Biennium	1986-7 Biennium	Six-Year Total
Federal Share	\$227.6	\$291.6	\$355.6	\$874.8
State Share	187.3	232.6	283.4	703.3
County Share	30.4	39.5	49.8	119.7
Other Reimbursement	17.8	23.0	28.9	69.7
Total (Costs)	\$463.1	\$586.7	\$717.7	\$1,767.5

Summary of Costs and Reimbursements

Costs: See Table 4

Federal Share: See Table 5

State Share: See Table 11

County Share: See Table 15

Other Reimbursement: See Table 19

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	2,550	2,450	2,350	2,227	2,100	1,977	1,850
STATE HOSPITAL	2,550	2,450	2,350	2,227	2,100	1,770	1,850
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	350	350	350	350	350	350	350
NURSING HOME	350	350	350	350	350	350	350
COMMUNITY RESIDENCES	4,465	4,490	4,515	4,690	4,865	4,940	5,015
ICF/MR	3,000	3,025	3,050	3,225	3,400	3,475	3,550
RULE 34 COST OF CARE	400	400	400	400	400	400	400
OTHER COST OF CARE	265	265	265	265	265	265	265
OTHER COMMUNITY RESIDENCE	800	800	800	800	800	800	800
INDEPENDENT LIVING	105	400	600	700	800	850	900
SUPPORTED INDEPENDENT LIVING	0	200	400	500	600	650	700
FAMILY SUBSIDY	105	200	200	200	200	200	200
OUTPATIENT SERVICES	12,255	12,255	12,255	12,255	12,255	12,255	12,255
OUTPATIENT MEDICAL SERVICE	6,000	6,000	6,000	6,000	6,000	6,000	6,000
MENTAL HEALTH SERVICE	6,255	6,255	6,255	6,255	6,255	6,255	6,255
DAY PROGRAMMING	9,200	9,475	9,751	10,025	10,300	10,425	10,550
SHELTERED WORK	4,200	4,350	4,500	4,650	4,800	4,850	4,900
DAY ACTIVITY (ADULT)	3,600	3,719	3,838	3,956	4,075	4,125	4,175
DAY ACTIVITY (CHILD)	1,400	1,406	1,413	1,419	1,425	1,450	1,475
PROGRAM ADMINISTRATION	20,500	20,688	20,875	21,063	21,250	21,200	21,150
PROGRAM MANAGEMENT	12,100	12,288	12,475	12,663	12,850	12,800	12,750
CASE MANAGEMENT	8,400	8,400	8,400	8,400	8,400	8,400	8,400
TOTAL	-	-	-	-	-	-	-

MINNESOTA

TABLE 1

YEAR-END CLIENT CENSUS

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	2,601	2,501	2,403	2,290	2,165	2,041	1,914
STATE HOSPITAL	2,601	2,501	2,403	2,290	2,165	2,041	1,914
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	350	350	350	350	350	350	350
NURSING HOME	350	350	350	350	350	350	350
COMMUNITY RESIDENCES	4,500	4,478	4,503	4,603	4,778	4,903	4,978
ICF/MR	3,000	3,013	3,038	3,138	3,313	3,438	3,513
RULE 34 COST OF CARE	432	400	400	400	400	400	400
OTHER COST OF CARE	268	265	265	265	265	265	265
OTHER COMMUNITY RESIDENCE	800	800	800	800	800	800	800
INDEPENDENT LIVING	105	266	487	650	750	825	875
SUPPORTED INDEPENDENT LIVING	0	113	287	450	550	625	675
FAMILY SUBSIDY	105	153	200	200	200	200	200
OUTPATIENT SERVICES	12,255	12,255	12,255	12,255	12,255	12,255	12,255
OUTPATIENT MEDICAL SERVICE	6,000	6,000	6,000	6,000	6,000	6,000	6,000
MENTAL HEALTH SERVICE	6,255	6,255	6,255	6,255	6,255	6,255	6,255
DAY PROGRAMMING	9,200	9,338	9,614	9,888	10,163	10,363	10,488
SHELTERED WORK	4,200	4,275	4,425	4,575	4,725	4,825	4,875
DAY ACTIVITY (ADULT)	3,600	3,660	3,779	3,897	4,016	4,100	4,150
DAY ACTIVITY (CHILD)	1,400	1,403	1,410	1,416	1,422	1,438	1,463
PROGRAM ADMINISTRATION	20,782	20,594	20,782	20,969	21,157	21,225	21,175
PROGRAM MANAGEMENT	12,382	12,194	12,382	12,569	12,757	12,825	12,775
CASE MANAGEMENT	8,400	8,400	8,400	8,400	8,400	8,400	8,400
TOTAL	-	-	-	-	-	-	-

	YEAR ENDING JUNE 30						
COMMUNITY RESOURCE	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS							
STATE HOSPITAL	28,483	32,951	38,425	45,061	52,675	59,867	66,251
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS							
NURSING HOME	12,100	13,310	14,641	16,105	17,716	19,487	21,436
COMMUNITY RESIDENCES							
ICF/MR	15,701	17,272	18,999	20,898	22,988	25,287	27,816
RULE 34 COST OF CARE	20,146	22,161	24,377	26,815	29,496	32,446	35,691
OTHER COST OF CARE	6,726	7,399	8,139	8,953	9,848	10,833	11,916
OTHER COMMUNITY RESIDENCE	6,780	7,100	7,810	8,591	9,450	10,395	11,435
INDEPENDENT LIVING							
SUPPORTED INDEPENDENT LIVING	0		8,800	9,680	10,648	11,713	12,884
FAMILY SUBSIDY	2,619	8,000	2,619	2,881	3,169	3,486	3,834
		2,619					
OUTPATIENT SERVICES							
OUTPATIENT MEDICAL SERVICE	2,200	2,420	2,662	2,928	3,221	3,543	3,897
MENTAL HEALTH SERVICE	537	590	650	714	786	865	951
DAY PROGRAMMING							
SHELTERED WORK	3,032	3,335	3,668	4,035	4,439	4,882	5,371
DAY ACTIVITY (ADULT)	3,962	4,358	4,794	5,274	5,801	6,381	7,019
DAY ACTIVITY (CHILD)	5,094	5,604	6,164	6,780	7,458	8,204	9,024
PROGRAM ADMINISTRATION							
PROGRAM MANAGEMENT	100	110	121	133	146	161	177
CASE MANAGEMENT	393	432	476	523	575	633	696
TOTAL	-	-	-	-	-	-	-

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	74,084,200	82,410,400	92,335,300	103,189,700	114,041,300	122,188,500	126,804,300
STATE HOSPITAL	74,084,200	82,410,400	92,335,300	103,189,700	114,041,300	122,188,500	126,804,300
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	4,235,000	4,658,500	5,124,300	5,636,800	6,200,400	6,820,500	7,502,500
NURSING HOME	4,235,000	4,658,500	5,124,300	5,636,800	6,200,400	6,820,500	7,502,500
COMMUNITY RESIDENCES	63,020,700	68,535,600	75,864,100	85,540,300	98,117,200	111,089,800	124,284,800
ICF/MR	47,104,200	52,030,400	57,708,400	65,569,000	76,148,800	86,924,500	97,703,100
RULE 34 COST OF CARE	8,639,200	8,864,400	9,750,900	10,726,000	11,798,500	12,978,400	14,276,200
OTHER COST OF CARE	1,799,300	1,960,800	2,156,800	2,372,500	2,609,800	2,870,800	3,157,800
OTHER COMMUNITY RESIDENCE	5,424,000	5,680,000	6,248,000	6,872,800	7,560,100	8,316,100	9,147,700
INDEPENDENT LIVING	275,000	1,303,400	3,049,400	4,932,200	6,490,200	8,017,700	9,463,600
SUPPORTED INDEPENDENT LIVING	0	904,000	2,525,600	4,356,000	5,856,400	7,320,500	8,696,700
FAMILY SUBSIDY	275,000	399,400	523,800	576,200	633,800	697,200	766,900
OUTPATIENT SERVICES	16,557,700	18,213,400	20,034,800	22,038,200	24,242,000	26,666,200	29,332,800
OUTPATIENT MEDICAL SERVICE	13,200,000	14,520,000	15,972,000	17,569,100	19,326,000	21,258,600	23,384,500
MENTAL HEALTH SERVICE	3,357,700	3,693,400	4,062,800	4,469,100	4,916,000	5,407,600	5,948,300
DAY PROGRAMMING	34,128,300	38,067,400	43,034,900	48,612,600	54,871,700	61,513,500	68,509,900
SHELTERED WORK	12,732,700	14,256,100	16,231,900	18,460,300	20,972,100	23,557,600	28,181,800
DAY ACTIVITY (ADULT)	14,263,900	15,949,600	18,115,100	20,551,500	23,294,000	26,162,600	29,129,800
DAY ACTIVITY (CHILD)	7,131,700	7,861,700	8,687,900	9,600,800	10,605,600	11,793,300	13,198,300
PROGRAM ADMINISTRATION	4,539,400	4,972,600	5,492,600	6,066,800	6,701,000	7,382,100	8,111,400
PROGRAM MANAGEMENT	1,238,200	1,341,300	1,498,200	1,672,900	1,867,700	2,065,500	2,263,200
CASE MANAGEMENT	3,301,200	3,631,300	3,994,400	4,393,900	4,833,300	5,316,600	5,848,200
TOTAL	196,840,300	218,161,300	244,935,400	276,016,600	310,663,800	343,678,300	374,009,300

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	38,633,300	42,533,700	48,648,700	55,246,200	62,027,100	66,458,300	68,968,900
STATE HOSPITAL	38,639,300	42,533,700	48,648,700	55,246,200	62,027,100	66,458,300	68,968,900
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	2,356,400	2,522,800	2,787,100	3,065,800	3,372,400	3,709,700	4,080,600
NURSING HOME	2,356,400	2,522,800	2,787,100	3,065,800	3,372,400	3,709,700	4,080,600
COMMUNITY RESIDENCES	29,240,800	36,785,100	40,881,000	46,105,700	32,904,300	59,913,900	67,040,000
ICF/MR	26,208,700	28,177,300	31,387,600	35,663,000	41,417,300	47,278,200	53,140,700
RULE 34 COST OF CARE	461,300	4,800,600	5,303,500	5,833,800	6,417,200	7,058,900	7,764,800
OTHER COST OF CARE	286,000	1,266,400	1,395,000	1,534,500	1,688,000	1,856,800	2,042,500
OTHER COMMUNITY RESIDENCE	2,284,800	2,540,800	2,794,900	3,074,400	3,381,800	3,720,000	4,092,000
INDEPENDENT LIVING	0	696,800	1,949,600	3,362,600	4,520,800	5,651,000	6,713,400
SUPPORTED INDEPENDENT LIVING FAMILY SUBSIDY	0	696,800	1,949,600	3,362,600	4,520,800	5,651,000	6,713,400
0	0	0	0	0	0	0	0
OUTPATIENT SERVICES	8,177,900	8,498,300	9,325,400	10,197,800	11,157,300	12,212,900	13,373,900
OUTPATIENT MEDICAL SERVICE	7,344,500	7,863,000	8,687,100	9,555,900	10,511,400	11,562,600	12,718,800
MENTAL HEALTH SERVICE	833,400	634,900	638,300	641,900	645,900	650,300	655,100
DAY PROGRAMMING	5,204,900	13,699,400	15,080,800	16,587,800	18,284,300	20,055,500	21,883,400
SHELTERED WORK	0	1,158,100	1,324,300	1,506,100	1,711,000	1,921,900	2,136,000
DAY ACTIVITY (ADULT)	3,469,900	8,637,600	9,852,800	11,178,000	12,669,600	14,229,900	15,843,700
DAY ACTIVITY (CHILD)	1,735,000	3,903,700	3,903,700	3,903,700	3,903,700	3,903,700	3,903,700
PROGRAM ADMINISTRATION	883,100	2,008,900	2,156,100	2,312,300	2,484,700	2,669,900	2,868,300
PROGRAM MANAGEMENT	0	363,200	407,400	455,000	507,900	561,700	615,500
CASE MANAGEMENT	883,100	1,645,700	1,748,700	1,857,300	1,976,800	2,108,200	2,252,800
TOTAL	84,502,400	106,745,000	120,828,700	136,878,200	154,750,900	170,671,200	184,928,500
				0			

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	38,639,300	42,533,700	48,648,700	53,246,200	62,027,100	66,458,300	68,968,900
STATE HOSPITAL	38,639,300	42,533,700	48,648,700	55,246,200	62,027,100	66,458,300	68,968,900
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	2,356,400	2,522,800	2,787,100	3,065,800	3,372,400	3,709,700	4,080,600
NURSING HOME	2,356,400	2,522,800	2,787,100	3,065,800	3,372,400	3,709,700	4,080,600
COMMUNITY RESIDENCES	26,208,700	33,402,600	37,160,300	42,013,000	48,402,300	54,961,700	61,592,500
ICF/MR	26,208,700	28,177,300	31,387,600	35,663,000	41,417,300	47,278,200	53,140,700
RULE 34 COST OF CARE	0	4,800,600	5,303,500	5,833,800	6,417,200	7,058,900	7,764,800
OTHER COST OF CARE	0	424,700	469,200	516,200	567,800	624,600	687,000
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	244,800	686,800	1,184,600	1,592,600	1,990,800	2,365,100
SUPPORTED INDEPENDENT LIVING FAMILY SUBSIDY	0	244,800	686,800	1,184,600	1,592,600	1,990,800	2,365,100
	0	0	0	0	0	0	0
OUTPATIENT SERVICES	7,378,100	7,896,200	8,723,300	9,595,700	10,555,200	11,610,800	12,771,800
OUTPATIENT MEDICAL SERVICE	7,344,500	7,863,400	8,687,100	9,555,900	10,511,400	11,562,600	12,718,800
MENTAL HEALTH SERVICE	30,600	32,800	36,200	39,800	43,800	48,200	53,000
DAY PROGRAMMING	0	9,795,700	11,177,100	12,684,100	14,380,600	16,151,800	17,979,700
SHELTERED WORK	0	1,158,100	1,324,300	1,506,100	1,711,000	1,921,900	2,136,000
DAY ACTIVITY (ADULT)	0	8,637,600	9,852,800	11,178,000	12,669,600	14,229,900	15,843,700
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	1,346,500	1,493,700	1,649,900	1,822,300	2,007,500	2,205,900
PROGRAM MANAGEMENT	0	363,200	407,400	455,000	507,900	561,700	615,500
CASE MANAGEMENT	0	983,300	1,086,300	1,194,900	1,314,400	1,445,800	1,590,400
TOTAL	74,579,500	97,742,300	110,677,000	125,439,300	142,152,500	156,890,600	169,964,500

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	3,032,100	3,382,400	3,720,700	4,092,800	4,502,000	4,952,200	5,447,500
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	461,300	0	0	0	0	0	0
OTHER COST OF CARE	286,000	841,600	925,800	1,018,400	1,120,200	1,232,200	1,355,500
OTHER COMMUNITY RESIDENCE	2,284,800	2,540,800	2,794,900	3,074,400	3,381,800	3,720,000	4,092,000
INDEPENDENT LIVING	0	358,900	1,002,800	1,729,500	2,325,300	2,906,600	3,453,000
SUPPORTED INDEPENDENT LIVING	0	358,900	1,002,800	1,729,500	2,325,300	2,906,600	3,453,000
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	0	0	0	0	0	0
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	0	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	0	0	0	0	0	0
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	0	0	0	0	0	0
TOTAL	3,032,100	3,741,300	4,723,500	5,822,300	6,827,300	7,858,800	8,900,500

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	0	0	0	0	0	0	0
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	0	0	0	0	0	0	0
OTHER COST OF CARE	0	0	0	0	0	0	0
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	71,400	204,900	353,400	475,200	594,000	705,600
SUPPORTED INDEPENDENT LIVING	0	71,400	204,900	353,400	475,200	594,000	705,600
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	0	0	0	0	0	0
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	0	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	0	0	0	0	0	0
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	0	0	0	0	0	0
TOTAL	0	71,400	204,900	353,400	475,200	594,000	705,600

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	0	0	0	0	0	0	0
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	0	0	0	0	0	0	0
OTHER COST OF CARE	0	0	0	0	0	0	0
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	21,700	55,100	95,000	127,800	159,700	189,700
SUPPORTED INDEPENDENT LIVING	0	21,700	55,100	95,000	127,800	159,700	189,700
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	0	0	0	0	0	0
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	0	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	0	0	0	0	0	0
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	0	0	0	0	0	0
TOTAL	0	21,700	55,100	95,000	127,800	159,700	189,700

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	0	0	0	0	0	0	0
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	0	0	0	0	0	0	0
OTHER COST OF CARE	0	0	0	0	0	0	0
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	802,800	602,100	602,100	602,100	602,100	602,100	602,100
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	802,800	602,100	602,100	602,100	602,100	602,100	602,100
DAY PROGRAMMING	5,204,900	3,903,700	3,903,700	3,903,700	3,903,700	3,903,700	3,903,700
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	3,469,900	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	1,735,000	3,903,700	3,903,700	3,903,700	3,903,700	3,903,700	3,903,700
PROGRAM ADMINISTRATION	883,100	662,400	662,400	662,400	662,400	662,400	662,400
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	883,100	662,400	662,400	662,400	662,400	662,400	662,400
TOTAL	6,890,800	5,168,200	5,168,200	5,168,200	5,168,200	5,168,200	5,168,200

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	35,445,000	36,276,100	39,607,000	43,310,600	46,812,800	50,157,200	52,051,900
STATE HOSPITAL	35,445,000	36,276,100	39,607,000	43,310,600	46,812,800	50,157,200	52,051,900
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	1,690,800	1,922,100	2,103,500	2,313,800	2,545,200	2,799,700	3,079,700
NURSING HOME	1,690,800	1,922,100	2,103,500	2,313,800	2,545,200	2,799,700	3,079,700
COMMUNITY RESIDENCES	27,212,500	27,616,400	30,430,900	34,331,800	39,416,300	44,655,300	49,977,200
ICF/MR	18,805,900	21,467,800	23,688,700	26,915,400	31,258,300	35,681,600	40,106,100
RULE 34 COST OF CARE	4,959,200	3,164,200	3,461,100	3,807,200	4,187,900	4,606,600	5,067,300
OTHER COST OF CARE	779,400	316,400	346,300	380,900	419,000	460,900	507,000
OTHER COMMUNITY RESIDENCE	2,668,000	2,668,000	2,934,800	3,228,300	3,551,100	3,906,200	4,296,800
INDEPENDENT LIVING	275,000	585,900	1,042,200	1,470,200	1,835,800	2,199,700	2,551,900
SUPPORTED INDEPENDENT LIVING	0	186,500	518,400	894,000	1,202,000	1,502,500	1,785,000
FAMILY SUBSIDY	275,000	399,400	523,800	576,200	633,800	697,200	766,900
OUTPATIENT SERVICES	6,069,400	6,958,500	7,639,200	8,421,900	9,282,700	10,229,700	11,271,500
OUTPATIENT MEDICAL SERVICE	5,270,000	5,990,900	6,556,300	7,212,000	7,933,100	8,726,400	9,599,100
MENTAL HEALTH SERVICE	799,400	967,600	1,082,900	1,209,900	1,349,600	1,503,300	1,672,400
DAY PROGRAMMING	10,612,200	13,419,900	15,304,200	17,464,300	19,889,900	22,453,000	25,139,500
SHELTERED WORK	5,576,900	5,608,200	6,380,300	7,256,300	8,243,600	9,259,800	10,291,400
DAY ACTIVITY (ADULT)	3,356,900	6,580,800	7,436,000	8,436,200	9,562,000	10,739,500	11,957,500
DAY ACTIVITY (CHILD)	1,678,400	1,230,900	1,487,900	1,771,800	2,084,300	2,453,700	2,890,600
PROGRAM ADMINISTRATION	1,990,200	2,085,900	2,325,700	2,597,100	2,897,400	3,215,700	3,551,400
PROGRAM MANAGEMENT	1,238,200	978,100	1,090,700	1,218,000	1,359,800	1,503,800	1,647,700
CASE MANAGEMENT	752,000	1,107,800	1,235,000	1,379,100	1,537,600	1,711,900	1,903,700
TOTAL	83,295,100	88,864,800	98,452,700	109,909,700	122,680,100	135,710,300	147,623,100

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	30,805,800	32,405,600	36,716,000	41,695,200	46,812,800	50,157,200	52,051,900
STATE HOSPITAL	30,805,800	32,405,600	36,716,000	41,695,200	46,812,800	50,157,200	52,051,900
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	1,690,800	1,922,100	2,103,500	2,313,800	2,545,200	2,799,700	3,079,700
NURSING HOME	1,690,800	1,922,100	2,103,500	2,313,800	2,545,200	2,799,700	3,079,700
COMMUNITY RESIDENCES	18,805,900	24,757,900	27,289,400	30,876,200	35,615,000	40,474,100	45,377,800
ICF/MR	18,805,900	21,467,800	23,688,700	26,915,400	31,258,300	35,681,600	40,106,100
RULE 34 COST OF CARE	0	3,022,700	3,308,000	3,638,800	4,002,600	4,402,900	4,843,200
OTHER COST OF CARE	0	267,400	292,700	322,000	354,100	389,600	428,500
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	186,500	518,400	894,000	1,202,000	1,502,500	1,785,000
SUPPORTED INDEPENDENT LIVING	0	186,500	518,400	894,000	1,202,000	1,502,500	1,785,000
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	5,292,000	6,015,900	6,583,600	7,242,100	7,966,200	8,762,800	9,639,100
OUTPATIENT MEDICAL SERVICE	5,270,000	5,990,900	6,556,300	7,212,000	7,933,100	8,726,400	9,599,100
MENTAL HEALTH SERVICE	22,000	25,000	27,300	30,100	33,100	36,400	40,000
DAY PROGRAMMING	0	7,463,100	8,435,600	9,572,900	10,853,300	12,190,000	13,569,600
SHELTERED WORK	0	882,300	999,500	1,136,700	1,291,300	1,450,500	1,612,100
DAY ACTIVITY (ADULT)	0	6,580,800	7,436,100	8,436,200	9,562,000	10,739,500	11,957,500
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	1,056,600	1,161,500	1,283,300	1,417,900	1,562,200	1,716,400
PROGRAM MANAGEMENT	0	307,500	341,700	381,500	425,900	471,000	516,100
CASE MANAGEMENT	0	749,100	819,800	901,800	992,000	1,091,200	1,200,300
TOTAL	56,594,500	73,807,700	82,808,000	93,877,500	106,412,400	117,448,500	127,219,500

MINNESOTA

TABLE 12

STATE MEDICAID MATCH

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	2,668,000	2,668,000	2,934,800	3,228,300	3,551,100	3,9036,200	4,296,800
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	0	0	0	0	0	0	0
OTHER COST OF CARE	0	0	0	0	0	0	0
OTHER COMMUNITY RESIDENCE	2,668,000	2,668,000	2,934,800	3,228,300	3,551,100	3,906,200	4,296,800
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	0	0	0	0	0	0
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	0	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	0	0	0	0	0	0
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	0	0	0	0	0	0
TOTAL	2,668,000	2,668,000	2,934,800	3,228,300	3,551,100	3,906,200	4,296,800

MINNESOTA

TABLE 13

SSI STATE SUPPLEMENT

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	4,639,200	3,870,400	2,891,000	1,615,400	0	0	0
STATE HOSPITAL	4,639,200	3,870,400	2,891,000	1,615,400	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	5,738,600	190,500	206,700	227,400	250,100	275,200	302,600
ICF/MR RULE	0	0	0	0	0	0	0
34 COST OF CARE	4,959,200	141,500	153,100	168,400	185,200	203,800	224,100
OTHER COST OF CARE	779,400	49,000	53,600	59,000	64,900	71,400	78,500
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	275,000	399,400	523,800	576,200	633,800	697,200	766,900
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	275,000	399,400	523,800	376,200	633,800	697,200	766,900
OUTPATIENT SERVICES	777,500	942,600	1,055,600	1,179,800	1,316,600	1,466,900	1,632,300
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	777,500	942,600	1,055,600	1,179,800	1,316,600	1,466,900	1,632,300
DAY PROGRAMMING	10,612,200	5,956,800	6,868,800	7,891,400	9,036,600	10,263,000	11,569,900
SHELTERED WORK	5,576,900	4,725,900	5,380,900	6,119,600	6,952,300	7,809,300	8,679,300
DAY ACTIVITY (ADULT)	3,356,900	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	1,678,400	1,230,900	1,487,900	1,771,800	2,084,300	2,453,700	2,890,600
PROGRAM ADMINISTRATION	1,990,200	1,029,400	1,164,200	1,313,700	1,479,400	1,653,400	1,835,000
PROGRAM MANAGEMENT	1,238,200	670,700	749,100	836,500	933,800	1,032,700	1,131,600
CASE MANAGEMENT	752,000	358,700	415,100	477,200	545,600	620,700	703,400
TOTAL	24,032,700	12,389,100	12,710,100	12,803,900	12,716,500	14,355,700	16,106,700

MINNESOTA

TABLE 14

OTHER STATE REIMBURSEMENT

B 16

B 17

YEAR ENDING JUNE 30

COMMUNITY RESOURCE	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	3,600,600	4,079,600	4,632,800	5,201,400	5,573,000	5,783,600
STATE HOSPITAL	0	3,600,600	4,079,600	4,632,800	5,201,400	5,573,000	5,783,600
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	187,900	213,600	233,700	257,100	282,800	311,100	342,200
NURSING HOME	187,900	213,600	233,700	257,100	282,800	311,100	342,200
COMMUNITY RESIDENCES	5,798,600	3,329,500	3,667,100	4,129,200	4,725,600	5,342,400	5,971,700
ICF/MR RULE 34 COST OF CARE	2,089,600	2,385,300	2,632,100	2,990,600	3,473,200	3,964,700	4,456,300
OTHER COST OF CARE	2,798,100	415,700	453,900	499,300	549,200	604,200	664,600
OTHER COMMUNITY RESIDENCE	439,700	57,300	62,800	69,100	76,000	83,600	91,900
	471,200	471,200	518,300	570,200	627,200	689,900	758,900
INDEPENDENT LIVING	0	20,700	57,600	99,300	133,600	166,900	198,300
SUPPORTED INDEPENDENT LIVING	0	20,700	57,600	99,300	133,600	166,900	198,300
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	2,157,900	2,571,800	2,863,000	3,187,100	3,543,700	3,935,800	4,367,200
OUTPATIENT MEDICAL SERVICE	505,600	665,700	728,500	801,300	881,500	969,600	1,066,600
MENTAL HEALTH SERVICE	1,572,300	1,906,100	2,134,500	2,385,800	2,662,200	2,966,200	3,300,600
DAY PROGRAMMING	10,549,700	3,672,300	4,348,800	5,104,400	5,940,600	6,899,900	8,001,200
SHELTERED WORK DAY	382,000	455,500	518,100	589,200	669,400	751,900	835,600
ACTIVITY (ADULT) DAY	6,778,600	731,200	826,200	937,400	1,062,400	1,193,300	1,328,600
ACTIVITY (CHILD)	3,389,100	2,485,600	3,004,500	3,577,800	4,208,800	4,954,700	5,837,000
PROGRAM ADMINISTRATION	1,518,600	807,500	929,400	1,063,900	1,211,900	1,374,700	1,553,700
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	1,518,600	807,500	929,400	1,063,900	1,211,900	1,374,700	1,553,700
TOTAL	20,212,700	14,216,000	16,179,200	18,473,600	21,039,600	23,603,800	26,217,900

MINNESOTA

TABLE 15

PROGRAM COSTS - COUNTY SHARE

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	3,600,600	4,079,600	4,632,800	5,201,400	5,573,000	5,783,600
STATE HOSPITAL	0	3,600,600	4,079,600	4,632,800	5,201,400	5,573,000	5,783,600
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	187,900	213,600	233,700	257,100	282,800	311,100	342,200
NURSING HOME	187,900	213,600	233,700	257,100	282,800	311,100	342,200
COMMUNITY RESIDENCES	2,089,600	2,750,900	3,032,200	3,430,700	3,957,200	4,497,200	5,042,000
ICF/MR RULE	2,089,600	2,385,300	2,632,100	2,990,600	3,473,200	3,964,700	4,456,300
34 COST OF CARE	0	335,900	367,600	404,300	444,700	489,200	538,100
OTHER COST OF CARE	0	29,700	32,500	35,800	39,300	43,300	47,600
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	20,700	57,600	99,300	133,600	166,900	198,300
SUPPORTED INDEPENDENT LIVING	0	20,700	57,600	99,300	133,600	166,900	198,300
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	588,000	668,500	731,500	804,600	885,200	973,600	1,071,000
OUTPATIENT MEDICAL SERVICE	585,600	665,700	728,500	801,300	881,500	969,600	1,066,600
MENTAL HEALTH SERVICE	2,400	2,800	3,000	3,300	3,700	4,000	4,400
DAY PROGRAMMING	0	829,200	937,300	1,063,700	1,205,900	1,354,500	1,507,700
SHELTERED WORK	0	98,000	111,100	126,300	143,500	161,200	179,100
DAY ACTIVITY (ADULT)	0	731,200	826,200	937,400	1,062,400	1,193,300	1,328,600
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	83,200	91,100	100,200	110,200	121,200	133,400
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	83,200	91,100	100,200	110,200	121,200	133,400
TOTAL	2,865,500	8,166,700	9,163,000	10,388,400	11,776,300	12,997,500	14,078,200

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	471,200	471,200	518,300	570,200	627,200	689,900	758,900
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	0	0	0	0	0	0	0
OTHER COST OF CARE	0	0	0	0	0	0	0
OTHER COMMUNITY RESIDENCE	471,200	471,200	518,300	570,200	627,200	689,900	758,900
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	0	0	0	0	0	0
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	0	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	0	0	0	0	0	0
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	0	0	0	0	0	0
TOTAL	471,200	471,200	518,300	570,200	627,200	689,900	758,900

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	3,237,800	107,400	116,700	128,300	141,100	155,300	170,800
ICF/MR RULE	0	0	0	0	0	0	0
34 COST OF CARE	2,798,100	79,800	86,400	95,000	104,500	115,000	126,500
OTHER COST OF CARE	439,700	27,600	30,300	33,300	36,600	40,300	44,300
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	1,569,900	1,903,300	2,131,500	2,382,400	2,658,500	2,962,200	3,296,200
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	1,569,900	1,903,300	2,131,500	2,382,400	2,658,500	2,962,200	3,296,200
DAY PROGRAMMING	10,549,700	2,843,100	3,411,500	4,040,700	4,734,700	5,545,400	6,493,500
SHELTERED WORK	382,000	357,500	407,000	462,900	525,900	590,700	656,500
DAY ACTIVITY (ADULT)	6,778,600	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	3,389,100	2,485,600	3,004,500	3,577,800	4,208,800	4,954,700	5,837,000
PROGRAM ADMINISTRATION	1,518,600	724,200	838,300	963,700	1,101,700	1,253,400	1,420,400
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	1,518,600	724,200	838,300	963,700	1,101,700	1,253,400	1,420,400
TOTAL	16,876,000	5,578,000	6,498,000	7,515,100	8,636,000	9,916,300	11,380,900

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	768,800	804,600	885,100	973,600	1,071,000	1,178,100	1,295,900
ICF/MR RULE	0	0	0	0	0	0	0
34 COST OF CARE	474,600	484,000	532,400	585,600	644,200	708,600	779,500
OTHER COST OF CARE	294,200	320,600	352,700	388,000	426,800	469,500	516,400
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	152,500	184,900	207,000	231,400	258,200	287,700	320,200
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	152,500	184,900	207,000	231,400	258,200	287,700	320,200
DAY PROGRAMMING	7,761,400	7,275,700	8,301,000	9,456,300	10,757,000	12,105,200	13,485,800
SHELTERED WORK	6,773,800	7,034,300	8,009,200	9,108,800	10,348,200	11,623,900	12,918,800
DAY ACTIVITY (ADULT)	658,400	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	329,200	241,400	291,800	347,500	408,800	481,300	567,000
PROGRAM ADMINISTRATION	147,500	70,300	81,400	93,600	107,000	121,700	138,000
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	147,500	70,300	81,400	93,600	107,000	121,700	138,000
TOTAL	8,830,200	8,335,500	9,474,500	10,754,900	12,193,200	13,692,700	15,239,900

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	768,800	804,600	885,100	973,600	1,071,000	1,178,100	1,295,900
ICF/MR RULE	0	0	0	0	0	0	0
34 COST OF CARE	474,600	484,000	532,400	585,600	644,200	708,600	779,500
OTHER COST OF CARE	294,200	320,600	352,700	388,000	426,800	469,500	516,400
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	0	0	0	0	0	0
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	0	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	0	0	0	0	0	0
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	0	0	0	0	0	0
TOTAL	768,800	804,600	885,100	973,600	1,071,000	1,178,100	1,295,900

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	0	0	0	0	0	0	0
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	0	0	0	0	0	0	0
OTHER COST OF CARE	0	0	0	0	0	0	0
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	152,500	184,900	207,000	231,400	258,200	287,700	320,200
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	152,500	184,900	207,000	231,400	258,200	287,700	320,200
DAY PROGRAMMING	7,761,400	7,275,700	8,301,000	9,456,300	10,757,000	12,105,200	13,485,800
SHELTERED WORK	6,773,800	7,034,300	8,009,200	9,108,800	10,348,200	11,623,900	12,918,800
DAY ACTIVITY (ADULT)	658,400	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	329,200	241,400	291,800	347,500	408,800	481,300	587,000
PROGRAM ADMINISTRATION	147,500	70,300	81,400	93,600	107,000	121,700	138,000
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	147,500	70,300	81,400	93,600	107,000	121,700	138,000
TOTAL	8,061,400	7,530,900	8,589,400	9,781,300	11,122,200	12,514,600	13,944,000

Attachment C

Accelerated Compliance

With

MA

Maximization

	DPW	Acc.
Min. MA		
Max. MA		X

Source of Payment	1982-3 Biennium	1984-5 Biennium	1986-7 Biennium	Six-Year Total
Federal Share	\$222.0	\$263.4	\$311.9	\$797.3
State Share	183.6	212.0	250.9	646.5
County Share	30.9	40.4	50.8	122.1
Other Reimbursement	18.0	23.4	29.4	70.8
Total (Costs)	\$454.4	\$539.2	\$643.1	\$1,636.7

Summary of Costs and Reimbursements

Costs: See Table 4

Federal Share: See Table 5

State Share: See Table 11

County Share: See Table 15

Other Reimbursement: See Table 19

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	2,550	2,325	1,949	1,576	1,200	1,200	1,200
STATE HOSPITAL	2,550	2,325	1,949	1,576	1,200	1,200	1,200
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	350	338	325	313	300	300	300
NURSING HOME	350	338	325	313	300	300	300
COMMUNITY RESIDENCES	4,465	4,511	4,558	4,604	4,650	4,650	4,650
ICF/MR	3,000	3,050	3,100	3,150	3,200	3,200	3,200
RULE 34 COST OF CARE	400	350	300	250	200	200	200
OTHER COST OF CARE	265	261	258	254	250	250	250
OTHER COMMUNITY RESIDENCE	800	850	900	950	1,000	1,000	1,000
INDEPENDENT LIVING	105	400	600	1,300	2,000	2,000	2,000
SUPPORTED INDEPENDENT LIVING	0	200	400	900	1,400	1,400	1,400
FAMILY SUBSIDY	105	200	200	400	600	600	600
OUTPATIENT SERVICES	12,255	12,255	12,255	12,255	12,255	12,255	12,255
OUTPATIENT MEDICAL SERVICE	6,000	6,000	6,000	6,000	6,000	6,000	6,000
MENTAL HEALTH SERVICE	6,255	6,255	6,255	6,255	6,255	6,255	6,255
DAY PROGRAMMING	9,200	9,775	10,350	10,925	11,500	11,500	11,500
SHELTERED WORK	4,200	4,400	4,600	4,800	5,000	5,000	5,000
DAY ACTIVITY (ADULT)	3,600	3,875	4,150	4,425	4,700	4,700	4,700
DAY ACTIVITY (CHILD)	1,400	1,500	1,600	1,700	1,800	1,800	1,800
PROGRAM ADMINISTRATION	20,500	21,575	22,650	23,725	24,800	24,800	24,800
PROGRAM MANAGEMENT	12,100	12,325	12,550	12,775	13,000	13,000	13,000
CASE MANAGEMENT	8,400	9,250	10,100	10,950	11,800	11,800	11,800
TOTAL	-	-	-	-	-	-	-

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	2,601	2,440	2,138	1,765	1,389	1,200	1,200
STATE HOSPITAL	2,601	2,440	2,138	1,765	1,389	1,200	1,200
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	350	344	332	319	307	300	300
NURSING HOME	350	344	332	319	307	300	300
COMMUNITY RESIDENCES	4,500	4,488	4,535	4,581	4,627	4,650	4,650
ICF/MR	3,000	3,025	3,075	3,125	3,175	3,200	3,200
RULE 34 COST OF CARE	432	375	325	275	225	200	200
OTHER COST OF CARE	268	263	260	256	252	250	250
OTHER COMMUNITY RESIDENCE	800	825	875	925	975	1,000	1,000
INDEPENDENT LIVING	109	266	487	950	1,650	2,000	2,000
SUPPORTED INDEPENDENT LIVING	0	113	287	650	1,150	1,400	1,400
FAMILY SUBSIDY	105	153	200	300	500	600	600
OUTPATIENT SERVICES	12,255	12,255	12,299	12,255	12,255	12,255	12,255
OUTPATIENT MEDICAL SERVICE	6,000	6,000	6,000	6,000	6,000	6,000	6,000
MENTAL HEALTH SERVICE	6,255	6,255	6,255	6,255	6,255	6,255	6,255
DAY PROGRAMMING	9,200	9,488	10,063	10,638	11,213	11,500	11,500
SHELTERED WORK	4,200	4,300	4,500	4,700	4,900	5,000	5,000
DAY ACTIVITY (ADULT)	3,600	3,738	4,013	4,288	4,563	4,700	4,700
DAY ACTIVITY (CHILD)	1,400	1,450	1,550	1,650	1,750	1,800	1,800
PROGRAM ADMINISTRATION	20,782	21,038	22,113	23,188	24,263	24,800	24,800
PROGRAM MANAGEMENT	12,382	12,213	12,438	12,663	12,888	13,000	13,000
CASE MANAGEMENT	8,400	8,835	9,675	10,525	11,375	11,800	11,800
TOTAL	-	-	-	-	-	-	-

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS							
STATE HOSPITAL	26,483	32,986	38,769	46,032	54,905	63,316	69,648
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS							
NURSING HOME	12,100	13,310	14,641	16,105	17,716	19,487	21,436
COMMUNITY RESIDENCES							
ICF/MR	15,701	17,272	18,999	20,898	22,988	25,287	27,816
RULE 34 COST OF CARE	20,146	22,161	24,377	26,815	29,496	32,446	35,691
OTHER COST OF CARE	6,726	7,399	8,139	8,953	9,848	10,833	11,916
OTHER COMMUNITY RESIDENCE	6,780	7,100	7,810	8,591	9,450	10,395	11,435
INDEPENDENT LIVING							
SUPPORTED INDEPENDENT LIVING	0	8,000	8,800	9,680	10,648	11,713	12,884
FAMILY SUBSIDY	2,619	2,619	2,619	2,881	3,169	3,486	3,834
OUTPATIENT SERVICES							
OUTPATIENT MEDICAL SERVICE	2,200	2,420	2,662	2,928	3,221	3,543	3,897
MENTAL HEALTH SERVICE	537	590	650	714	786	865	951
DAY PROGRAMMING							
SHELTERED WORK	3,032	3,333	3,668	4,035	4,439	4,882	5,371
DAY ACTIVITY (ADULT)	3,962	4,358	4,794	5,274	5,801	6,381	7,019
DAY ACTIVITY (CHILD)	5,094	5,604	6,164	6,780	7,458	8,204	9,024
PROGRAM ADMINISTRATION							
PROGRAM MANAGEMENT	100	110	121	133	146	161	177
CASE MANAGEMENT	393	432	476	523	575	633	696
TOTAL	-	-	-	-	-	-	-

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1988	1987
STATE INSTITUTIONS	74,084,200	80,485,800	82,888,100	81,246,400	76,263,000	75,979,200	83,577,600
STATE HOSPITAL	74,084,200	80,485,800	82,888,100	81,246,400	76,263,000	75,979,200	83,577,600
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	4,235,000	4,578,600	4,853,500	5,137,500	5,429,800	5,846,100	6,430,700
NURSING HOME	4,235,000	4,578,600	4,853,500	5,137,500	5,429,800	5,846,100	6,430,700
COMMUNITY RESIDENCES	63,020,700	68,360,200	75,289,200	82,920,600	91,320,200	100,511,400	110,562,400
ICF/MR	47,104,200	52,246,300	58,420,800	65,307,800	72,987,900	80,918,800	89,010,600
RULE 34 COST OF CARE	8,693,200	8,310,400	7,922,600	7,374,100	6,636,700	6,489,200	7,138,100
OTHER COST OF CARE	1,799,300	1,946,000	2,112,100	2,292,000	2,481,800	2,708,300	2,979,100
OTHER COMMUNITY RESIDENCE	5,424,000	5,857,500	6,833,700	7,946,700	9,213,800	10,395,100	11,434,600
INDEPENDENT LIVING	275,000	1,303,400	3,049,400	7,156,300	13,829,700	18,489,400	20,338,300
SUPPORTED INDEPENDENT LIVING	0	904,000	2,525,600	6,292,000	12,245,200	16,397,900	18,037,600
FAMILY SUBSIDY	275,000	399,400	523,800	864,300	1,584,500	2,091,500	2,300,700
OUTPATIENT SERVICES -	16,557,700	18,213,400	20,034,800	22,038,200	24,242,000	26,666,200	29,332,800
OUTPATIENT MEDICAL SERVICE	13,200,000	14,520,000	15,972,000	17,569,100	19,326,000	21,258,600	23,384,500
MENTAL HEALTH SERVICE	3,357,700	3,693,400	4,062,800	4,469,100	4,916,000	5,407,600	5,948,300
DAY PROGRAMMING	34,128,300	38,754,100	45,297,900	52,763,000	61,268,000	69,170,600	76,087,600
SHELTERED WORK	12,732,700	14,339,400	16,507,000	18,964,700	21,748,900	24,412,000	26,853,200
DAY ACTIVITY (ADULT)	14,263,900	16,289,600	19,236,900	22,610,900	26,467,200	29,991,300	32,990,400
DAY ACTIVITY (CHILD)	7,131,700	8,125,100	9,554,000	11,187,400	13,051,900	14,767,300	16,244,000
PROGRAM ADMINISTRATION	4,539,400	5,158,400	6,105,600	7,190,800	8,432,000	9,562,200	10,518,400
PROGRAM MANAGEMENT	1,238,200	1,343,400	1,504,900	1,685,400	1,886,900	2,093,700	2,303,000
CASE MANAGEMENT	3,301,200	3,815,000	4,600,700	5,505,400	6,545,100	7,468,500	8,215,400
TOTAL	196,840,300	216,853,900	237,518,500	298,452,800	280,784,700	306,225,100	336,847,800

ACCELERATED COMPLIANCE: MA MAXIMIZATION

NOVEMBER 11, 1981

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	38,639,300	41,540,400	43,671,300	43,498,200	41,479,500	41,325,100	45,457,900
STATE HOSPITAL	38,639,300	41,540,400	43,671,300	43,498,200	41,479,500	41,325,100	45,457,900
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	2,356,400	2,479,600	2,639,800	2,794,300	2,953,300	3,179,700	3,497,700
NURSING HOME	2,356,400	2,479,600	2,639,800	2,794,300	2,953,300	3,179,700	3,497,700
COMMUNITY RESIDENCES	29,240,800	36,671,700	40,507,200	44,568,800	49,034,600	53,942,900	59,337,200
ICF/MR	26,208,700	28,294,200	31,775,100	35,520,900	39,698,100	44,011,700	48,412,900
RULE 34 COST OF CARE	461,300	4,500,500	4,309,100	4,010,800	3,609,700	3,529,500	3,882,400
OTHER COST OF CARE	286,000	1,256,800	1,366,100	1,482,400	1,605,300	1,751,700	1,926,900
OTHER COMMUNITY RESIDENCE	2,284,800	2,620,200	3,056,900	3,554,700	4,121,600	4,650,000	5,115,000
INDEPENDENT LIVING	0	696,800	1,949,600	4,857,100	9,452,700	12,658,300	13,924,200
SUPPORTED INDEPENDENT LIVING	0	696,800	1,949,600	4,857,100	9,452,700	12,658,300	13,924,200
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	8,177,900	8,498,300	9,325,400	10,197,800	11,157,300	12,212,900	13,373,900
OUTPATIENT MEDICAL SERVICE	7,344,500	7,863,400	8,687,100	9,555,900	10,511,400	11,562,600	12,718,800
MENTAL HEALTH SERVICE	833,400	634,900	638,300	641,900	645,900	650,300	855,100
DAY PROGRAMMING	5,204,900	13,890,200	15,713,400	17,748,900	20,073,600	22,207,700	24,038,000
SHELTERED WORK	0	1,164,800	1,346,700	1,547,200	1,774,400	1,991,700	2,190,800
DAY ACTIVITY (ADULT)	3,469,900	8,821,700	10,463,000	12,298,000	14,395,500	16,312,300	17,943,500
DAY ACTIVITY (CHILD)	1,735,000	3,903,700	3,903,700	3,903,700	3,903,700	3,903,700	3,903,700
PROGRAM ADMINISTRATION	883,100	2,059,200	2,322,900	2,617,900	2,955,400	3,262,900	3,522,900
PROGRAM MANAGEMENT	0	363,800	409,300	458,300	513,100	569,400	626,300
CASE MANAGEMENT	883,100	1,695,400	1,913,600	2,159,600	2,442,300	2,693,500	2,896,600
TOTAL	84,502,400	105,836,200	116,129,600	126,283,000	137,106,400	148,789,500	163,151,600

MINNESOTA

TABLE 5

PROGRAM COSTS - FEDERAL SHARE

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	38,639,300	41,540,400	43,671,300	43,498,200	41,479,500	41,325,100	45,457,900
STATE HOSPITAL	38,639,300	41,540,400	43,671,300	43,498,200	41,479,500	41,325,100	45,457,900
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	2,356,400	2,479,600	2,639,800	2,794,300	2,953,300	3,179,700	3,497,700
NURSING HOME	2,356,400	2,479,600	2,639,800	2,794,300	2,953,300	3,179,700	3,497,700
COMMUNITY RESIDENCES	26,208,700	33,216,200	36,543,700	40,030,300	43,847,700	48,130,400	52,943,400
ICF/MR	26,208,700	28,294,200	31,775,100	35,520,900	39,698,100	44,011,700	46,412,900
RULE 34 COST OF CARE	0	4,500,500	4,309,100	4,010,800	3,609,700	3,529,500	3,882,400
OTHER COST OF CARE	0	421,500	459,500	498,600	539,900	589,200	648,100
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	244,800	686,800	1,711,100	3,330,100	4,459,400	4,905,300
SUPPORTED INDEPENDENT LIVING	0	244,800	686,800	1,711,100	3,330,100	4,459,400	4,905,300
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	7,375,100	7,896,200	8,723,300	9,595,700	10,555,200	11,610,800	12,771,800
OUTPATIENT MEDICAL SERVICE	7,344,500	7,863,400	8,687,100	9,555,900	10,511,400	11,562,600	12,718,800
MENTAL HEALTH SERVICE	30,600	32,800	36,200	39,800	43,800	48,200	53,000
DAY PROGRAMMING	0	9,986,500	11,809,700	13,845,200	16,169,900	18,304,000	20,134,300
SHELTERED WORK	0	1,164,800	1,346,700	1,547,200	1,774,400	1,991,700	2,190,800
DAY ACTIVITY (ADULT)	0	8,821,700	10,463,000	12,298,000	14,395,500	16,312,300	17,943,500
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	1,396,800	1,660,500	1,955,500	2,293,000	2,600,500	2,860,500
PROGRAM MANAGEMENT	0	363,800	409,300	458,300	513,100	569,400	626,300
CASE MANAGEMENT	0	1,033,000	1,251,200	1,497,200	1,779,900	2,031,100	2,234,200
TOTAL	74,579,500	96,760,500	105,735,100	113,430,300	120,628,700	129,609,900	142,570,900

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	3,032,100	3,455,500	3,963,500	4,538,500	5,186,900	5,812,500	6,393,700
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	461,300	0	0	0	0	0	0
OTHER COST OF CARE	286,000	835,300	906,600	983,800	1,065,300	1,162,500	1,278,700
OTHER COMMUNITY RESIDENCE	2,284,800	2,620,200	3,056,900	3,554,700	4,121,600	4,650,000	5,115,000
INDEPENDENT LIVING	0	358,900	1,002,800	2,498,200	4,861,900	6,510,700	7,161,800
SUPPORTED INDEPENDENT LIVING	0	358,900	1,002,800	2,498,200	4,861,900	6,510,700	7,161,800
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	0	0	0	0	0	0
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	0	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	0	0	0	0	0	0
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	0	0	0	0	0	0
TOTAL	3,032,100	3,814,400	4,966,300	7,036,700	10,048,800	12,323,200	13,553,500

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	0	0	0	0	0	0	0
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	0	0	0	0	0	0	0
OTHER COST OF CARE	0	0	0	0	0	0	0
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	71,400	204,900	510,500	993,500	1,330,500	1,463,500
SUPPORTED INDEPENDENT LIVING	0	71,400	204,900	510,500	993,500	1,330,500	1,463,500
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	0	0	0	0	0	0
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	0	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	0	0	0	0	0	0
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	0	0	0	0	0	0
TOTAL	0	71,400	204,900	510,500	993,500	1,330,500	1,463,500

MINNESOTA

TABLE 8

HUD SECTION B

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	0	0	0	0	0	0	0
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	0	0	0	0	0	0	0
OTHER COST OF CARE	0	0	0	0	0	0	0
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	21,700	55,100	137,300	267,200	357,800	393,500
SUPPORTED INDEPENDENT LIVING	0	21,700	55,100	137,300	267,200	357,800	393,500
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	0	0	0	0	0	0
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	0	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	0	0	0	0	0	0
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	0	0	0	0	0	0
TOTAL	0	21,700	55,100	137,300	267,200	357,800	393,500

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	0	0	0	0	0	0	0
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	0	0	0	0	0	0	0
OTHER COST OF CARE	0	0	0	0	0	0	0
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	802,800	602,100	602,100	602,100	602,100	602,100	602,100
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	802,800	602,100	602,100	602,100	602,100	602,100	602,100
DAY PROGRAMMING	5,204,900	3,903,700	3,903,700	3,903,700	3,903,700	3,903,700	3,903,700
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	3,469,900	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	1,735,000	3,903,700	3,903,700	3,903,700	3,903,700	3,903,700	3,903,700
PROGRAM ADMINISTRATION	883,100	662,400	662,400	662,400	662,400	662,400	662,400
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	883,100	662,400	662,400	662,400	662,400	662,400	662,400
TOTAL	6,890,800	5,168,200	5,168,200	5,168,200	5,168,200	5,168,200	5,168,200

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	35,445,000	35,428,900	35,554,700	34,100,700	31,305,200	31,188,700	34,307,800
STATE HOSPITAL	35,445,000	35,428,900	35,554,700	34,100,700	31,305,200	31,188,700	34,307,800
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	1,690,800	1,889,100	1,992,300	2,108,900	2,228,900	2,399,800	2,639,700
NURSING HOME	1,690,800	1,889,100	1,992,300	2,108,900	2,228,900	2,399,800	2,639,700
COMMUNITY RESIDENCES	27,212,500	27,588,600	30,342,300	33,526,300	37,042,900	40,837,200	44,921,000
ICF/MR	18,805,900	21,556,800	23,981,200	26,808,200	29,960,800	33,216,300	36,538,000
RULE 34 COST OF CARE	4,959,200	2,966,400	2,812,100	2,617,400	2,355,700	2,303,300	2,533,700
OTHER COST OF CARE	779,400	314,000	339,100	368,000	398,500	434,800	478,300
OTHER COMMUNITY RESIDENCE	2,668,000	2,751,400	3,209,900	3,732,700	4,327,900	4,882,800	5,371,000
INDEPENDENT LIVING	275,000	585,900	1,042,200	2,155,700	4,097,800	5,457,100	6,002,800
SUPPORTED INDEPENDENT LIVING	0	186,500	516,400	1,291,400	2,513,300	3,365,600	3,702,100
FAMILY SUBSIDY	275,000	399,400	523,600	864,300	1,584,500	2,091,500	2,300,700
OUTPATIENT SERVICES	6,069,400	6,958,500	7,639,200	8,421,900	9,282,700	10,229,700	11,271,500
OUTPATIENT MEDICAL SERVICE	5,270,000	5,990,900	6,556,300	7,212,000	7,933,100	8,726,400	9,599,100
MENTAL HEALTH SERVICE	799,400	967,600	1,082,900	1,209,900	1,349,600	1,503,300	1,672,400
DAY PROGRAMMING	10,612,200	13,674,900	16,142,300	19,001,200	22,258,500	25,285,400	27,935,300
SHELTERED WORK	5,576,900	5,641,000	6,488,500	7,454,500	8,548,900	9,595,700	10,555,300
DAY ACTIVITY (ADULT)	3,356,900	6,721,100	7,869,600	9,281,500	10,864,500	12,311,100	13,542,200
DAY ACTIVITY (CHILD)	1,678,400	1,312,800	1,757,200	2,265,200	2,845,100	3,378,600	3,837,800
PROGRAM ADMINISTRATION	1,990,200	2,153,900	2,549,400	3,007,000	3,528,800	4,012,500	4,434,400
PROGRAM MANAGEMENT	1,238,200	979,600	1,095,700	1,227,000	1,373,700	1,524,300	1,676,700
CASE MANAGEMENT	752,000	1,174,300	1,453,700	1,780,000	2,155,100	2,488,200	2,757,700
TOTAL	83,295,100	88,279,800	95,262,400	102,321,700	109,744,800	119,410,400	131,512,500

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	30,805,800	31,648,800	32,959,400	32,828,700	31,305,200	31,188,700	34,307,800
STATE HOSPITAL	30,805,800	31,648,800	32,959,400	32,828,700	31,305,200	31,188,700	34,307,800
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	1,690,800	1,889,100	1,992,300	2,108,900	2,228,900	2,399,800	2,639,700
NURSING HOME	1,690,800	1,889,100	1,992,300	2,108,900	2,228,900	2,399,800	2,639,700
COMMUNITY RESIDENCES	18,805,900	24,656,000	26,955,500	29,620,900	32,549,100	35,785,200	39,363,900
ICF/MR	18,805,900	21,556,800	23,981,200	26,808,200	29,960,800	33,216,300	36,538,000
RULE 34 COST OF CARE	0	2,833,800	2,687,700	2,501,700	2,251,500	2,201,400	2,421,600
OTHER COST OF CARE	0	265,400	286,600	311,000	336,800	367,500	404,300
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	186,500	518,400	1,291,400	2,513,300	3,365,600	3,702,100
SUPPORTED INDEPENDENT LIVING	0	186,500	518,400	1,291,400	2,513,300	3,365,600	3,702,100
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	5,292,000	6,015,900	6,583,600	7,242,100	7,966,200	8,762,800	9,639,100
OUTPATIENT MEDICAL SERVICE	5,270,000	5,990,900	6,556,300	7,212,000	7,933,100	8,726,400	9,599,100
MENTAL HEALTH SERVICE	22,000	25,000	27,300	30,100	33,100	36,400	40,000
DAY PROGRAMMING	0	7,608,600	8,913,000	10,449,200	12,203,700	13,814,200	15,195,600
SHELTERED WORK	0	887,500	1,016,400	1,167,700	1,339,200	1,503,100	1,653,400
DAY ACTIVITY (ADULT)	0	6,721,100	7,896,600	9,281,500	10,864,500	12,311,100	13,542,200
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	1,094,900	1,287,500	1,514,300	1,773,600	2,010,400	2,211,400
PROGRAM MANAGEMENT	0	307,900	343,200	384,300	430,300	477,500	525,200
CASE MANAGEMENT	0	787,000	944,300	1,130,000	1,343,300	1,532,900	1,686,200
TOTAL	56,594,500	73,099,800	79,209,700	85,055,500	90,540,000	97,326,700	107,059,600

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0 -
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	2,668,000	2,751,400	3,209,900	3,732,700	4,327,900	4,882,800	5,371,000
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	0	0	0	0	0	0	0
OTHER COST OF CARE	0	0	0	0	0	0	0
OTHER COMMUNITY RESIDENCE	2,668,000	2,751,400	3,209,900	3,732,700	4,327,900	4,882,800	5,371,000
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	0	0	0	0	0	0
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	0	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	0	0	0	0	0	0
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	0	0	0	0	0	0
TOTAL	2,668,000	2,751,400	3,209,900	3,732,700	4,327,900	4,882,800	5,371,000

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	4,639,200	3,780,000	2,595,200	1,271,900	0	0	0
STATE HOSPITAL	4,639,200	3,780,000	2,595,200	1,271,900	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	5,738,600	181,200	176,900	172,800	165,900	169,200	186,200
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	4,959,200	132,600	124,400	115,800	104,200	101,900	112,100
OTHER COST OF CARE	779,400	47,600	52,500	57,000	61,700	67,300	74,100
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	275,000	399,400	523,800	864,300	1,584,500	2,091,500	2,300,700
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	275,000	399,400	523,800	864,300	1,584,500	2,091,500	2,300,700
OUTPATIENT SERVICES	777,500	942,600	1,055,600	1,179,800	1,316,600	1,466,900	1,632,300
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	777,500	942,600	1,055,600	1,179,800	1,316,600	1,466,900	1,632,300
DAY PROGRAMMING	10,612,200	6,066,300	7,229,300	8,552,000	10,054,800	11,471,200	12,739,600
SHELTERED WORK	5,576,900	4,733,500	5,472,100	6,286,800	7,209,700	8,092,600	8,901,800
DAY ACTIVITY (ADULT)	3,356,900	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	1,678,400	1,312,800	1,757,200	2,265,200	2,845,100	3,378,600	3,837,800
PROGRAM ADMINISTRATION	1,990,200	1,058,900	1,261,900	1,492,800	1,755,100	2,002,200	2,223,000
PROGRAM MANAGEMENT	1,238,200	671,700	752,500	842,700	943,400	1,046,800	1,151,500
CASE MANAGEMENT	752,000	387,200	509,400	650,100	811,700	955,400	1,071,500
TOTAL	24,032,700	12,428,400	12,842,700	13,533,600	14,876,900	17,201,000	19,081,800

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	3,516,600	3,662,200	3,647,600	3,478,400	3,465,400	3,812,000
STATE HOSPITAL	0	3,516,600	3,662,200	3,647,600	3,478,400	3,465,400	3,812,000
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	187,900	209,900	221,400	234,300	247,700	266,600	293,300
NURSING HOME	187,900	209,900	221,400	234,300	247,700	266,600	293,300
COMMUNITY RESIDENCES	5,798,600	3,327,700	3,661,800	4,047,900	4,474,600	4,934,000	5,427,400
ICF/MR	2,089,600	2,395,200	2,664,600	2,978,700	3,329,000	3,690,700	4,059,800
RULE 34 COST OF CARE	2,798,100	389,700	368,800	343,300	309,000	302,100	332,300
OTHER COST OF CARE	439,700	56,900	61,500	66,700	72,200	78,800	86,700
OTHER COMMUNITY RESIDENCE	471,200	485,900	566,900	659,200	764,400	862,400	948,600
INDEPENDENT LIVING	0	20,700	57,600	143,500	279,300	374,000	411,300
SUPPORTED INDEPENDENT LIVING	0	20,700	57,600	143,500	279,300	374,000	411,300
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	2,157,900	2,571,800	2,863,000	3,187,100	3,543,700	3,935,800	4,367,200
OUTPATIENT MEDICAL SERVICE	585,600	665,700	728,500	801,300	881,500	969,600	1,066,600
MENTAL HEALTH SERVICE	1,572,300	1,906,100	2,134,500	2,385,800	2,662,200	2,966,200	3,300,600
DAY PROGRAMMING	10,549,700	3,856,000	4,952,600	6,210,700	7,646,400	8,969,300	10,111,500
SHELTERED WORK	382,000	458,200	526,800	605,300	694,100	779,100	857,100
DAY ACTIVITY (ADULT)	6,778,600	746,800	877,400	1,031,300	1,207,200	1,367,900	1,504,700
DAY ACTIVITY (CHILD)	3,389,100	2,651,000	3,548,400	4,574,100	5,745,100	6,822,300	7,749,700
PROGRAM ADMINISTRATION	1,518,600	869,400	1,133,600	1,438,300	1,788,400	2,099,500	2,351,000
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	1,518,600	869,400	1,133,600	1,438,300	1,788,400	2,099,500	2,351,000
TOTAL	20,212,700	14,372,100	16,552,200	18,909,400	21,458,500	24,044,600	26,773,700

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	3,516,600	3,662,200	3,647,600	3,478,400	3,465,400	3,812,000
STATE HOSPITAL	0	3,516,600	3,662,200	3,647,600	3,478,400	3,465,400	3,812,000
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	187,900	209,900	221,400	234,300	247,700	266,600	293,300
NURSING HOME	187,900	209,900	221,400	234,300	247,700	266,600	293,300
COMMUNITY RESIDENCES	2,089,600	2,739,600	2,995,000	3,291,300	3,616,600	3,976,100	4,373,800
ICF/MR	2,089,600	2,395,200	2,664,600	2,978,700	3,329,000	3,690,700	4,059,800
RULE 34 COST OF CARE	0	314,900	298,600	278,000	250,200	244,600	269,100
OTHER COST OF CARE OTHER	0	29,500	31,800	34,600	37,400	40,800	44,900
COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	20,700	57,600	143,500	279,300	374,000	411,300
SUPPORTED INDEPENDENT LIVING	0	20,700	57,600	143,500	279,300	374,000	411,300
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	588,000	668,500	731,500	804,600	885,200	973,600	1,071,000
OUTPATIENT MEDICAL SERVICE	585,600	665,700	728,500	801,300	881,500	969,600	1,066,600
MENTAL HEALTH SERVICE	2,400	2,800	3,000	3,300	3,700	4,000	4,400
DAY PROGRAMMING	0	845,400	990,300	1,161,000	1,356,000	1,534,900	1,688,400
SHELTERED WORK		98,600	112,900	129,700	148,800	167,000	183,700
DAY ACTIVITY (ADULT)		746,800	877,400	1,031,300	1,207,200	1,367,900	1,504,700
DAY ACTIVITY (CHILD)		0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	87,400	104,900	125,600	149,300	170,300	187,400
PROGRAM MANAGEMENT	0	0	6	0	0	0	0
CASE MANAGEMENT	0	87,400	104,900	125,600	149,300	170,300	187,400
TOTAL	2,865,500	8,088,100	8,762,900	9,407,900	10,012,500	10,760,900	11,837,200

MINNESOTA

TABLE 16

COUNTY MEDICAID MATCH

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES -	471,200	485,900	566,900	659,200	764,400	862,400	948,600
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	0	0	0	0	0	0	0
OTHER COST OF CARE	0	0	0	0	0	0	0
OTHER COMMUNITY RESIDENCE	471,200	485,900	566,900	659,200	764,400	862,400	948,600
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	0	0	0	0	0	0
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	0	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	0	0	0	0	0	0
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	0	0	0	0	0	0
TOTAL	471,200	485,900	566,900	659,200	764,400	862,400	948,600

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						1987
	1981	1982	1983	1984	1985	1986	
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	3,237,800	102,200	99,800	97,500	93,600	95,500	105,000
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	2,798,100	74,800	70,200	65,300	58,800	57,500	63,200
OTHER COST OF CARE	439,700	27,400	29,600	32,200	34,800	38,000	41,800
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	1,569,900	1,903,300	2,131,500	2,382,400	2,658,500	2,962,200	3,296,200
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	1,569,900	1,903,300	2,131,500	2,382,400	2,658,500	2,962,200	3,296,200
DAY PROGRAMMING	10,549,700	3,010,600	3,962,300	5,049,600	6,290,500	7,434,400	8,423,000
SHELTERED WORK	382,000	359,600	413,900	475,500	545,400	612,100	673,300
DAY ACTIVITY (ADULT)	6,778,600	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	3,389,100	2,651,000	3,548,400	4,574,100	5,745,100	6,822,300	7,749,700
PROGRAM ADMINISTRATION	1,518,600	781,900	1,028,600	1,312,700	1,639,200	1,929,100	2,163,600
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	1,518,600	781,900	1,028,600	1,312,700	1,639,200	1,929,100	2,163,600
TOTAL	16,876,000	5,798,000	7,222,200	8,842,200	10,681,800	12,421,200	13,987,800

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	768,800	771,900	778,000	777,400	768,200	797,200	876,900
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	474,600	453,700	432,600	402,600	362,400	354,300	389,700
OTHER COST OF CARE	294,200	318,200	345,400	374,800	405,800	442,900	477,200
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	152,500	184,900	207,000	231,400	258,200	287,700	320,200
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	152,500	184,900	207,000	231,400	258,200	287,700	320,200
DAY PROGRAMMING	7,761,400	7,332,900	6,489,700	9,602,000	11,289,400	12,708,100	14,002,800
SHELTERED WORK	6,773,800	7,075,400	8,145,000	9,357,700	10,731,400	12,045,400	13,250,000
DAY ACTIVITY (ADULT)	658,400	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	329,200	257,500	344,700	444,300	558,000	662,700	752,800
PROGRAM ADMINISTRATION	147,500	76,000	99,900	127,500	159,200	187,400	210,200
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	147,500	76,000	99,900	127,500	159,200	187,400	210,200
TOTAL	8,830,200	8,365,700	9,574,600	10,938,300	12,475,000	13,980,400	15,410,100

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	768,800	771,900	778,000	777,400	768,200	797,200	876,900
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	474,600	453,700	432,600	402,600	362,400	354,300	389,700
OTHER COST OF CARE	294,200	318,200	345,400	374,800	405,800	442,900	487,200
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	0	0	0	0	0	0
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	0	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	0	0	0	0	0	0
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	0	0	0	0	0	0
TOTAL	768,800	771,900	778,000	777,400	768,200	797,200	876,900

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	0	0	0	0	0	0	0
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	0	0	0	0	0	0	0
OTHER COST OF CARE	0	0	0	0	0	0	0
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	152,500	184,900	207,000	231,400	258,200	287,700	320,200
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	152,500	184,900	207,000	231,400	258,200	287,700	320,200
DAY PROGRAMMING	7,761,400	7,332,900	8,489,700	9,802,000	11,289,400	12,708,100	14,002,800
SHELTERED WORK	6,773,800	7,075,400	8,145,000	9,357,700	10,731,400	12,045,400	13,250,000
DAY ACTIVITY (ADULT)	658,400	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	329,200	257,500	344,700	444,300	558,000	662,700	752,800
PROGRAM ADMINISTRATION	147,500	76,000	99,900	127,500	159,200	187,400	210,200
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
•CASE MANAGEMENT	147,500	76,000	99,900	127,500	159,200	187,400	210,200
TOTAL	8,061,400	7,593,800	8,796,600	10,160,900	11,706,800	13,183,200	14,533,200

Attachment D

Account Transfers Needed
in moving from
DPW Compliance with Minimal MA in the Community
to Accelerated
Compliance with MA Maximization

	DPW	Acc.
Min. MA	X →	
Max. MA		→ X

Source of Payment	1982-3 Biennium	1984-5 Biennium	1986-7 Biennium	Six-Year Total
Federal Share	+29.5	+18.3	+15.3	+63.1
State Share	-7.3	-26.1	-39.8	-73.2
County Share	-27.0	-33.8	-42.2	-103.0
Other Reimbursement	-3.3	-4.0	-5.2	-12.5
Total (Costs)	-8.2	-45.6	-71.8	-125.6

Summary of Transfers (and Savings)

Cost Savings	See Table 4
Federal Transfers	See Table 5
State Transfers	See Table 11
County Transfers	See Table 15
Other Transfers	See Table 19

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	-125	-401	-651	-900	-777	-650
STATE HOSPITAL	0	-125	-401	-651	-900	-777	-650
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	-12	-25	-37	-50	-50	-50
NURSING HOME	0	-12	-25	-37	-50	-50	-50
COMMUNITY RESIDENCES	0	21	43	-86	-215	-290	-365
ICF/MR	0	25	50	-75	-200	-275	-350
RULE 34 COST OF CARE	0	-50	-100	-150	-200	-200	-200
OTHER COST OF CARE	0	-4	-7	-11	-15	-15	-15
OTHER COMMUNITY RESIDENCE	0	50	100	150	200	200	200
INDEPENDENT LIVING	0	0	0	600	1,200	1,150	1,100
SUPPORTED INDEPENDENT LIVING	0	0	0	400	800	750	700
FAMILY SUBSIDY	0	0	0	200	400	400	400
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	300	599	900	1,200	1,075	950
SHELTERED WORK	0	50	100	150	200	150	100
DAY ACTIVITY (ADULT)	0	156	312	469	625	575	525
DAY ACTIVITY (CHILD)	0	94	187	281	375	350	325
PROGRAM ADMINISTRATION	0	887	1,775	2,662	3,550	3,600	3,650
PROGRAM MANAGEMENT	0	37	75	112	150	200	250
CASE MANAGEMENT	0	850	1,700	2,550	3,400	3,400	3,400
TOTAL	-	-	-	-	-	-	-

MINNESOTA

TABLE 1

YEAR-END CLIENT CENSUS

TRANSFERS IN MOVING FROM COMPLIANCE PLAN TO ACCELERATED PLAN

NOVEMBER 11, 1981

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	-61	-265	-525	-776	-841	-714
STATE HOSPITAL	0	-61	-265	-525	-776	-841	-714
STATE NURSING HOME-	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	-6	-18	-31	-43	-50	-50
NURSING HOME	0	-6	-16	-31	-43	-50	-50
COMMUNITY RESIDENCES	0	10	32	-22	-151	-253	-328
ICF/MR	0	12	37	-13	-138	-238	-313
RULE 34 COST OF CARE	0	-25	-75	-125	-175	-200	-200
OTHER COST OF CARE	0	-2	-5	-9	-13	-15	-15
OTHER COMMUNITY RESIDENCE	0	25	75	125	175	200	200
INDEPENDENT LIVING	0	0	0	300	900	1,175	1,125
SUPPORTED INDEPENDENT LIVING	0	0	0	200	600	775	725
FAMILY SUBSIDY	0	0	0	100	300	400	400
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	150	449	750	1,050	1,137	1,012
SHELTERED WORK	0	25	75	125	175	175	125
DAY ACTIVITY (ADULT)	0	78	234	391	547	600	550
DAY ACTIVITY (CHILD)	0	47	140	234	328	362	337
PROGRAM ADMINISTRATION	0	444	1,331	2,219	3,106	3,575	3,625
PROGRAM MANAGEMENT	0	19	56	94	131	175	225
CASE MANAGEMENT	0	425	1,275	2,125	2,975	3,400	3,400
TOTAL	-	-	-	-	-	-	-

MINNESOTA

TABLE 2

AVERAGE DAILY CENSUS

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TRANSFERS IN MOVING FROM COMPLIANCE PLAN TO ACCELERATED PLAN

NOVEMBER 11, 1981

	YEAR ENDING JUNE 30						
COMMUNITY RESOURCE	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS							
STATE HOSPITAL	0	35	344	971	2,230	3,449	3,397
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS-							
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES							
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	0	0	0	0	0	0	0
OTHER COST OF CARE	0	0	0	0	0	0	0
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING							
SUPPORTED INDEPENDENT LIVING	0	1,074	1,556	1,712	1,883	2,071	2,279
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES							
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING							
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	0	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION							
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	0	0	0	0	0	0
TOTAL	-	-	-	-	-	-	-

MINNESOTA

TABLE 3

ANNUAL COSTS PER CLIENT

TRANSFERS IN MOVING FROM COMPLIANCE PLAN TO ACCELERATED PLAN

NOVEMBER 11, 1981

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	-1,924,600	-9,447,200	-21,943,300	-37,778,300	-46,209,300	-43,226,700
STATE HOSPITAL	0	-1,924,600	-9,447,200	-21,943,300	-37,778,300	-46,209,300	-43,226,700
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	-79,900	-270,800	-499,300	-770,600	-974,400	-1,071,800
NURSING HOME	0	-79,900	-270,800	-499,300	-770,600	-974,400	-1,071,800
COMMUNITY RESIDENCES	0	-175,400	-574,900	-2,619,700	-6,797,000	-10,578,400	-13,722,400
ICF/MR	0	215,900	712,400	-261,200	-3,160,900	-6,005,700	-8,692,500
RULE 34 COST OF CARE	0	-554,000	-1,828,300	-3,351,900	-5,161,800	-6,489,200	-7,138,100
OTHER COST OF CARE	0	-14,800	-44,700	-80,500	-128,000	-162,500	-178,700
OTHER COMMUNITY RESIDENCE	0	177,500	585,700	1,073,900	1,653,700	2,079,000	2,286,900
INDEPENDENT LIVING	0	121,400	446,600	2,994,300	8,375,000	11,766,100	12,412,400
SUPPORTED INDEPENDENT LIVING	0	121,400	446,600	2,706,200	7,424,300	10,307,800	10,878,600
FAMILY SUBSIDY	0	0	0	288,100	950,700	1,394,300	1,533,800
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	686,700	2,263,000	4,150,400	6,396,300	7,657,100	7,577,700
SHELTERED WORK		83,300	275,100	504,400	776,800	854,400	671,400
DAY ACTIVITY (ADULT)		340,000	1,121,800	2,059,400	3,173,200	3,828,700	3,860,600
DAY ACTIVITY (CHILD)		263,400	866,100	1,586,600	2,446,300	2,974,000	3,045,700
PROGRAM ADMINISTRATION	0	185,800	613,000	1,124,000	1,731,000	2,180,100	2,407,000
PROGRAM MANAGEMENT	0	2,100	6,700	12,500	19,200	28,200	39,800
CASE MANAGEMENT	0	183,700	606,300	1,111,500	1,711,800	2,151,900	2,367,200
TOTAL	0	-1,186,000	-6,970,300	-18,793,600	-28,843,600	-36,158,800	-35,623,800

MINNESOTA

TABLE 4

PROGRAM COSTS

TRANSFERS IN MOVING FROM COMPLIANCE PLAN TO ACCELERATED PLAN

NOVEMBER 11, 1981

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	-993,300	-4,977,400	-11,748,000	-20,547,600	-25,133,200	-23,511,000
STATE HOSPITAL	0	-993,300	-4,977,400	-11,748,000	-20,547,600	-25,133,200	-23,511,000
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	-43,200	-147,300	-271,500	-419,100	-530,000	-582,900
NURSING HOME	0	-43,200	-147,300	-271,500	-419,100	-530,000	-582,900
COMMUNITY RESIDENCES	0	4,641,600	4,881,500	4,243,900	2,489,300	1,023,800	-8,500
ICF/MR	0	116,900	387,500	-142,100	-1,719,200	-3,266,500	-4,727,800
RULE 34 COST OF CARE	0	4,030,100	3,791,700	3,441,700	2,983,700	2,840,800	3,124,900
OTHER COST OF CARE	0	415,200	440,300	464,000	485,000	519,500	571,400
OTHER COMMUNITY RESIDENCE	0	79,400	262,000	480,300	739,800	930,000	1,023,000
INDEPENDENT LIVING	0	337,900	946,800	3,127,600	7,127,400	9,751,700	10,471,200
SUPPORTED INDEPENDENT LIVING	0	337,900	946,800	3,127,600	7,127,400	9,751,700	10,471,200
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	9,986,500	11,809,700	13,845,200	16,169,900	18,304,000	20,134,300
SHELTERED WORK	0	1,164,800	1,346,700	1,547,200	1,774,400	1,991,700	2,190,800
DAY ACTIVITY (ADULT)	0	6,219,300	7,860,600	9,695,600	11,793,100	13,709,900	15,341,100
DAY ACTIVITY (CHILD)	0	2,602,400	2,602,400	2,602,400	2,602,400	2,602,400	2,602,400
PROGRAM ADMINISTRATION	0	1,396,800	1,660,500	1,955,500	2,293,000	2,600,500	2,860,500
PROGRAM MANAGEMENT	0	363,800	409,300	458,300	513,100	569,400	626,300
CASE MANAGEMENT	0	1,033,000	1,251,200	1,497,200	1,779,900	2,031,100	2,234,200
TOTAL	0	15,326,300	14,173,800	11,152,700	7,112,900	6,016,800	9,363,600

MINNESOTA

TABLE 5

PROGRAM COSTS - FEDERAL SHARE

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TRANSFERS IN MOVING FROM COMPLIANCE PLAN TO ACCELERATED PLAN

NOVEMBER 11. 1981

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	-993,300	-4,977,400	-11,748,000	-20,547,600	-25,133,200	-23,511,000
STATE HOSPITAL	0	-993,300	-4,977,400	-11,748,000	-20,547,600	-25,133,200	-23,511,000
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	-43,200	-147,300	-271,500	-419,100	-530,000	-582,900
NURSING HOME	0	-43,200	-147,300	-271,500	-419,100	-530,000	-582,900
COMMUNITY RESIDENCES	0	5,038,900	5,156,100	4,367,300	2,430,400	852,200	-197,300
ICF/MR	0	116,900	387,500	-142,100	-1,719,200	-3,266,500	-4,727,800
RULE 34 COST OF CARE	0	4,500,500	4,309,100	4,010,800	3,609,700	3,529,500	3,882,400
OTHER COST OF CARE	0	421,500	459,500	498,600	539,900	589,200	648,100
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
-INDEPENDENT LIVING	0	244,800	686,800	1,711,100	3,330,100	4,459,400	4,905,300
SUPPORTED INDEPENDENT LIVING	0	244,800	686,800	1,711,100	3,330,100	4,459,400	4,905,300
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	9,986,500	11,809,700	13,845,200	16,169,900	18,304,000	20,134,300
SHELTERED WORK	0	1,164,800	1,346,700	1,547,200	1,774,400	1,991,700	2,190,800
DAY ACTIVITY (ADULT)	0	8,821,700	10,463,000	12,298,000	14,395,500	16,312,300	17,943,500
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	1,396,800	1,660,500	1,955,500	2,293,000	2,600,500	2,860,500
PROGRAM MANAGEMENT	0	363,800	409,300	458,300	513,100	569,400	626,300
CASE MANAGEMENT	0	1,033,000	1,251,200	1,497,200	1,779,900	2,031,100	2,234,200
TOTAL	0	15,630,500	14,188,400	9,859,600	3,256,700	552,900	3,608,900

MINNESOTA

TABLE 6

REIMBURSEMENT: MEDICAID

D
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TRANSFERS IN MOVING FROM COMPLIANCE PLAN TO ACCELERATED PLAN

NOVEMBER 11, 1981

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	0	-397,300	-274,600	-123,400	58,900	171,600	188,700
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	0	-470,400	-517,400	-569,100	-626,000	-688,700	-757,500
OTHER COST OF CARE	0	-6,300	-19,200	-34,600	-54,900	-69,700	-76,800
OTHER COMMUNITY RESIDENCE	0	79,400	262,000	480,300	739,800	930,000	1,023,000
INDEPENDENT LIVING	0	0	0	768,700	2,536,600	3,604,100	3,708,800
SUPPORTED INDEPENDENT LIVING	0	0	0	768,700	2,536,600	3,604,100	3,708,800
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	0	0	0	0	0	0
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	0	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	0	0	0	0	0	0
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	0	0	0	0	0	0
TOTAL	0	-397,300	-274,600	645,300	2,595,500	3,775,700	3,897,500

MINNESOTA

TABLE 7

SUPPLEMENTAL SECURITY INCOME

TRANSFERS IN MOVING FROM COMPLIANCE PLAN TO ACCELERATED PLAN

NOVEMBER 11, 1981

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	0	0	0	0	0	0	0
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	0	0	0	0	0	0	0
OTHER COST OF CARE	0	0	0	0	0	0	0
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	71,400	204,900	510,500	993,500	1,330,500	1,463,500
SUPPORTED INDEPENDENT LIVING	0	71,400	204,900	510,500	993,500	1,330,500	1,463,500
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	0	0	0	0	0	0
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	0	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	0	0	0	0	0	0
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	0	0	0	0	0	0
TOTAL	0	71,400	204,900	510,500	993,500	1,330,500	1,463,500

MINNESOTA

TABLE 8

HUD SECTION 8

TRANSFERS IN MOVING FROM COMPLIANCE PLAN TO ACCELERATED PLAN

NOVEMBER 11, 1981

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	0	0	0	0	0	0	0
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	0	0	0	0	0	0	0
OTHER COST OF CARE	0	0	0	0	0	0	0
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	0	0	0	0	0	0
SHELTERED WORK		0	0	0	0	0	0
DAY ACTIVITY (ADULT)	-2,602,400	-2,602,400	-2,602,400	-2,602,400	-2,602,400	-2,602,400	-2,602,400
DAY ACTIVITY (CHILD)	2,602,400	2,602,400	2,602,400	2,602,400	2,602,400	2,602,400	2,602,400
PROGRAM ADMINISTRATION	0	0	0	0	0	0	0
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0

MINNESOTA

TABLE 10

TITLE XX: FEDERAL

TRANSFERS IN MOVING FROM COMPLIANCE PLAN TO ACCELERATED PLAN

NOVEMBER 11, 1981

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	-847,200	-4,052,300	-9,209,900	-15,507,600	-18,968,500	-17,744,100
STATE HOSPITAL	0	-847,200	-4,052,300	-9,209,900	-15,507,600	-18,968,500	-17,744,100
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	-33,000	-111,200	-204,900	-316,300	-399,900	-440,000
NURSING HOME	0	-33,000	-111,200	-204,900	-316,300	-399,900	-440,000
COMMUNITY RESIDENCES	0	-2,114,600	-2,405,300	-3,354,000	-5,176,600	-6,901,800	-8,448,200
ICF/MR	0	89,000	292,500	-107,200	-1,297,500	-2,465,300	-3,568,100
RULE 34 COST OF CARE	0	-2,090,500	-2,750,500	-3,501,500	-4,375,000	-5,100,500	-5,610,500
OTHER COST OF CARE	0	-196,500	-222,400	-249,700	-280,900	-312,600	-343,800
OTHER COMMUNITY RESIDENCE	0	83,400	275,100	504,400	776,800	976,600	1,074,200
INDEPENDENT LIVING	0	-237,300	-557,900	-276,700	968,400	1,640,400	1,529,900
SUPPORTED INDEPENDENT LIVING	0	-237,300	-557,900	-564,800	17,700	246,100	-3,900
FAMILY SUBSIDY	0	0	0	288,100	950,700	1,394,300	1,533,800
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	1,239,400	1,911,100	2,752,300	3,744,000	4,377,000	4,517,700
SHELTERED WORK	0	-603,200	-621,100	-631,100	-636,900	-722,500	-912,300
DAY ACTIVITY (ADULT)	0	2,570,100	3,072,200	3,699,300	4,429,400	4,983,900	5,292,200
DAY ACTIVITY (CHILD)	0	-727,500	-540,000	-315,900	-48,500	115,600	137,800
PROGRAM ADMINISTRATION	0	-110,700	14,900	173,600	364,000	499,500	556,400
PROGRAM MANAGEMENT	0	-361,700	-402,500	-445,900	-494,000	-541,200	-586,500
CASE MANAGEMENT	0	251,000	417,400	619,500	858,000	1,040,700	1,144,900
TOTAL	0	-2,103,400	-5,200,700	10,119,600	-15,924,100	-19,753,300	-20,026,300

MINNESOTA

TABLE 11

PROGRAM COSTS - STATE SHARE

TRANSFERS IN MOVING FROM COMPLIANCE PLAN TO ACCELERATED PLAN

NOVEMBER 11, 1981

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	-756,800	-3,756,600	-8,866,500	-15,507,600	-18,968,500	-17,744,100
STATE HOSPITAL	0	-756,800	-3,756,600	-8,866,500	-15,507,600	-18,968,500	-17,744,100
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	-33,000	-111,200	-204,900	-316,300	-399,900	-440,000
NURSING HOME	0	-33,000	-111,200	-204,900	-316,300	-399,900	-440,000
COMMUNITY RESIDENCES	0	3,188,200	3,266,800	2,705,500	1,290,800	103,600	-742,200
ICF/MR	0	89,000	292,500	-107,200	-1,297,500	-2,465,300	-3,568,100
RULE 34 COST OF CARE	0	2,833,800	2,687,700	2,501,700	2,251,500	2,201,400	2,421,600
OTHER COST OF CARE	0	265,400	286,600	311,000	336,800	367,500	404,300
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	186,500	518,400	1,291,400	2,513,300	3,365,600	3,702,100
SUPPORTED INDEPENDENT LIVING	0	186,500	518,400	1,291,400	2,513,300	3,365,600	3,702,100
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	7,608,600	8,913,000	10,449,200	12,203,700	13,814,200	15,195,600
SHELTERED WORK		887,500	1,016,400	1,167,700	1,339,200	1,503,100	1,653,400
DAY ACTIVITY (ADULT)		6,721,100	7,896,600	9,281,500	10,864,500	12,311,100	13,542,200
DAY ACTIVITY (CHILD)		0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	1,094,900	1,287,500	1,514,300	1,773,600	2,010,400	2,211,400
PROGRAM MANAGEMENT	0	307,900	343,200	384,300	430,300	477,500	525,200
CASE MANAGEMENT	0	787,000	944,300	1,130,000	1,343,300	1,532,900	1,686,200
TOTAL	0	11,288,400	10,117,900	6,889,000	1,957,500	-74,600	2,182,800

MINNESOTA

TABLE 12

STATE MEDICAID MATCH

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						1987
	1981	1982	1983	1984	1985	1986	
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	0	83,400	275,100	504,400	776,800	976,600	1,074,200
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	0	0	0	0	0	0	0
OTHER COST OF CARE	0	0	0	0	0	0	0
OTHER COMMUNITY RESIDENCE	0	83,400	275,100	504,400	776,800	976,600	1,074,200
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	0	0	0	0	0	0
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	0	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	0	0	0	0	0	0
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	0	0	0	0	0	0
TOTAL	0	83,400	275,100	504,400	776,800	976,600	1,074,200

TRANSFERS IN MOVING FROM COMPLIANCE PLAN TO ACCELERATED PLAN

NOVEMBER 11, 1981

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	-90,400	-395,800	-343,500	0	0	0
STATE HOSPITAL	0	-90,400	-295,800	-343,500	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	0	-5,386,200	-5,947,200	-6,563,800	-7,244,200	-7,982,000	-8,780,100
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	0	-4,924,300	-5,438,200	-6,003,100	-6,626,500	-7,301,900	-8,032,100
OTHER COST OF CARE	0	-461,900	-509,000	-560,700	-617,700	-680,100	-748,000
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	-423,800	-1,076,300	-1,568,100	-1,544,900	-1,725,200	-2,172,200
SUPPORTED INDEPENDENT LIVING	0	-423,800	-1,076,300	-1,856,200	-2,495,600	-3,119,500	-3,706,000
FAMILY SUBSIDY	0	0	0	288,100	950,700	1,394,300	1,533,800
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	-6,369,200	-7,001,900	-7,696,900	-8,459,700	-9,437,200	-10,678,000
SHELTERED WORK	0	-1,490,700	-1,637,500	-1,798,800	-1,976,100	-2,225,600	-2,565,800
DAY ACTIVITY (ADULT)	0	-4,151,000	-4,824,400	-5,582,200	-6,435,100	-7,327,200	-8,250,000
DAY ACTIVITY (CHILD)	0	-727,500	-540,000	-315,900	-48,500	115,600	137,800
PROGRAM ADMINISTRATION	0	-1,205,700	-1,272,600	-1,340,600	-1,409,700	-1,510,800	-1,653,000
PROGRAM MANAGEMENT	0	-669,600	-745,700	-830,200	-924,300	-1,018,700	-1,111,700
CASE MANAGEMENT	0	-536,100	-526,900	-510,400	-485,400	-492,100	-541,300
TOTAL	0	-13,475,300	-15,593,800	-17,512,900	-18,658,500	-20,655,200	-23,283,300

MINNESOTA

TABLE 14

OTHER STATE REIMBURSEMENT

TRANSFERS IN MOVING FROM COMPLIANCE PLAN TO ACCELERATED PLAN

NOVEMBER 11, 1981

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	-84,000	-417,400	-985,200	-1,723,000	-2,107,600	-1,971,600
STATE HOSPITAL	0	-84,000	-417,400	-985,200	-1,723,000	-2,107,600	-1,971,600
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	-3,700	-12,300	-22,800	-35,100	-44,500	-48,900
NURSING HOME	0	-3,700	-12,300	-22,800	-35,100	-44,500	-48,900
COMMUNITY RESIDENCES	0	-2,670,000	-2,943,900	-3,313,700	-3,806,700	-4,319,600	-4,846,600
ICF/MR	0	9,900	32,500	-11,900	-144,200	-274,000	-396,500
RULE 34 COST OF CARE	0	-2,463,500	-2,769,700	-3,109,000	-3,488,600	-3,875,200	-4,262,700
OTHER COST OF CARE	0	-231,100	-255,300	-281,800	-311,100	-342,900	-377,100
OTHER COMMUNITY RESIDENCE	0	14,700	48,600	89,000	137,200	172,500	189,700
INDEPENDENT LIVING	0	20,700	57,600	143,500	279,300	374,000	411,300
SUPPORTED INDEPENDENT LIVING	0	20,700	57,600	143,500	279,300	374,000	411,300
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	-9,073,600	-9,915,100	-10,827,200	-11,820,200	-13,122,200	-14,804,500
SHELTERED WORK	0	30,500	39,800	51,500	64,900	72,400	71,600
DAY ACTIVITY (ADULT)	0	-7,635,200	-8,864,500	-10,240,700	-11,787,100	-13,427,900	-15,154,500
DAY ACTIVITY (CHILD)	0	-1,468,900	-1,090,400	-638,000	-98,000	233,300	278,400
PROGRAM ADMINISTRATION	0	-995,100	-958,900	-905,100	-830,900	-823,300	-905,700
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	-995,100	-958,900	-905,100	-830,900	-823,300	-905,700
TOTAL	0	-12,805,700	-14,190,000	-15,910,500	-17,936,600	-20,043,200	-22,166,000

MINNESOTA

TABLE 15

PROGRAM COSTS - COUNTY SHARE

TRANSFERS IN MOVING FROM COMPLIANCE PLAN TO ACCELERATED PLAN

NOVEMBER 11, 1981

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	-84,000	-417,400	-985,200	-1,723,000	-2,107,600	-1,971,600
STATE HOSPITAL	0	-84,000	-417,400	-985,200	-1,723,000	-2,107,600	-1,971,600
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	-3,700	-12,300	-22,800	-35,100	-44,500	-48,900
NURSING HOME	0	-3,700	-12,300	-22,800	-35,100	-44,500	-48,900
COMMUNITY RESIDENCES	0	354,300	362,900	300,700	143,400	11,400	-82,500
ICF/MR	0	9,900	32,500	-11,900	-144,200	-274,000	-396,500
RULE 34 COST OF CARE	0	314,900	298,600	278,000	250,200	244,600	269,100
OTHER COST OF CARE	0	29,500	31,800	34,600	37,400	40,800	44,900
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	20,700	57,600	143,500	279,300	374,000	411,300
SUPPORTED INDEPENDENT LIVING	0	20,700	57,600	143,500	279,300	374,000	411,300
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	845,400	990,300	1,161,000	1,356,000	1,534,900	1,688,400
SHELTERED WORK		98,600	112,900	129,700	148,800	167,000	183,700
DAY ACTIVITY (ADULT)		746,800	877,400	1,031,300	1,207,200	1,367,900	1,504,700
DAY ACTIVITY (CHILD)		0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	87,400	104,900	125,600	149,300	170,300	187,400
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	87,400	104,900	125,600	149,300	170,300	187,400
TOTAL	0	1,220,100	1,086,000	722,800	169,900	-61,500	184,100

MINNESOTA

TABLE 16

COUNTY MEDICAL MATCH

TRANSFERS IN MOVING FROM COMPLIANCE PLAN TO ACCELERATED PLAN

NOVEMBER 11, 1981

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	0	14,700	48,600	89,000	137,200	172,500	189,700
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	0	0	0	0	0	0	0
OTHER COST OF CARE	0	0	0	0	0	0	0
OTHER COMMUNITY RESIDENCE	0	14,700	48,600	89,000	137,200	172,500	189,700
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	0	0	0	0	0	0
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	0	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	0	0	0	0	0	0
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	0	0	0	0	0	0
TOTAL	0	14,700	48,600	89,000	137,200	172,500	189,700

MINNESOTA

TABLE 17

SSI COUNTY SUPPLEMENT

TRANSFERS IN MOVING FROM COMPLIANCE PLAN TO ACCELERATED PLAN

NOVEMBER 11, 1981

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	0	-3,039,000	-3,355,500	-3,703,300	-4,087,300	-4,503,500	-4,953,800
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	0	-2,778,400	-3,068,300	-3,387,000	-3,738,600	-4,119,800	-4,531,800
OTHER COST OF CARE	0	-260,600	-287,200	-316,300	-348,500	-383,700	-422,000
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	-9,919,000	-10,905,400	-11,988,300	-13,176,100	-14,657,100	-16,493,000
SHELTERED WORK	0	-68,100	-73,100	-78,300	-83,800	-94,600	-112,200
DAY ACTIVITY (ADULT)	0	-8,362,000	-9,741,900	-11,272,000	-12,994,300	-14,795,800	-16,659,200
DAY ACTIVITY (CHILD)	0	-1,468,900	-1,090,400	-638,000	-98,000	233,300	278,400
PROGRAM ADMINISTRATION	0	-1,082,600	-1,063,900	-1,030,700	-980,100	-993,700	-1,093,100
PROGRAM MANAGEMENT	0	0 -	0 -	0 -	0 -	0 -	0
CASE MANAGEMENT	0	1,082,600	1,063,900	1,030,700	980,100	993,700	-1,093,100
TOTAL	0	-14,040,600	-15,324,800	-16,722,300	-18,243,500	-20,154,300	-22,539,900

MINNESOTA

TABLE 18

OTHER COUNTY REIMBURSEMENT

D
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TRANSFERS IN MOVING FROM COMPLIANCE PLAN TO ACCELERATED PLAN

NOVEMBER 11, 1981

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	0	-32,700	-107,100	-196,200	-302,800	-380,900	-419,000
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	0	-30,300	-99,800	-183,000	-281,800	-354,300	-389,800
OTHER COST OF CARE	0	-2,400	-7,300	-13,200	-21,000	-26,600	-29,200
OTHER COMMUNITY RESIDENCE	0	0	0	0	0		0
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0		0	0
DAY PROGRAMMING	0	-1,465,700	-1,542,600	-1,620,100	-1,697,600	-1,901,700	-2,269,800
SHELTERED WORK	0	-508,800	-490,400	-463,200	-425,600	-487,200	-678,700
DAY ACTIVITY (ADULT)	0	-814,200	-946,300	-1,094,900	-1,262,200	-1,437,200	-1,618,200
DAY ACTIVITY (CHILD)	0	-142,700	-105,900	-62,000	-9,600	22,700	27,100
PROGRAM ADMINISTRATION	0	-105,100	-103,400	-100,100	-95,200	-96,500	-106,100
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	-105,100	-103,400	-100,100	-95,200	-96,500	-106,100
TOTAL	0	- 1,603,500	-1,753,100	-1,916,400	-2,095,600	-2,379,100	-2,794,900

MINNESOTA

TABLE 19

PROGRAM COSTS - OTHER FUNDING

TRANSFERS IN MOVING FROM COMPLIANCE PLAN TO ACCELERATED PLAN

NOVEMBER 11, 1981

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	0	-32,700	-107,100	-196,200	-302,800	-380,900	-419,000
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	0	-30,300	-99,800	-183,000	-281,600	-354,300	-389,800
OTHER COST OF CARE	0	-2,400	-7,300	-13,200	-21,000	-26,600	-29,200
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	0	0	0	0	0	0
SHELTERED WORK	0	0	0	0	0	0	0
DAY ACTIVITY (ADULT)	0	0	0	0	0	0	0
DAY ACTIVITY (CHILD)	0	0	0	0	0	0	0
PROGRAM ADMINISTRATION	0	0	0	0	0	0	0
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	0	0	0	0	0	0
TOTAL	0	-32,700	-107,100	-196,200	-302,800	-380,900	-419,000

MINNESOTA

TABLE 20

CLIENT FUNDS AND INSURANCE

TRANSFERS IN MOVING FROM COMPLIANCE PLAN TO ACCELERATED PLAN

NOVEMBER 11, 1981

COMMUNITY RESOURCE	YEAR ENDING JUNE 30						
	1981	1982	1983	1984	1985	1986	1987
STATE INSTITUTIONS	0	0	0	0	0	0	0
STATE HOSPITAL	0	0	0	0	0	0	0
STATE NURSING HOME	0	0	0	0	0	0	0
COMMUNITY INSTITUTIONS	0	0	0	0	0	0	0
NURSING HOME	0	0	0	0	0	0	0
COMMUNITY RESIDENCES	0	0	0	0	0	0	0
ICF/MR	0	0	0	0	0	0	0
RULE 34 COST OF CARE	0	0	0	0	0	0	0
OTHER COST OF CARE	0	0	0	0	0	0	0
OTHER COMMUNITY RESIDENCE	0	0	0	0	0	0	0
INDEPENDENT LIVING	0	0	0	0	0	0	0
SUPPORTED INDEPENDENT LIVING	0	0	0	0	0	0	0
FAMILY SUBSIDY	0	0	0	0	0	0	0
OUTPATIENT SERVICES	0	0	0	0	0	0	0
OUTPATIENT MEDICAL SERVICE	0	0	0	0	0	0	0
MENTAL HEALTH SERVICE	0	0	0	0	0	0	0
DAY PROGRAMMING	0	-1,465,700	-1,542,600	-1,620,100	-1,697,600	-1,901,700	-2,269,800
SHELTERED WORK	0	-508,800	-490,400	-463,200	-425,800	-487,200	-678,700
DAY ACTIVITY (ADULT)	0	-814,200	-946,300	-1,094,900	-1,262,200	-1,437,200	-1,618,200
DAY ACTIVITY (CHILD)	0	-142,700	-105,900	-62,000	-9,600	22,700	27,100
PROGRAM ADMINISTRATION	0	-105,100	-103,400	-100,100	-95,200	-96,500	-106,100
PROGRAM MANAGEMENT	0	0	0	0	0	0	0
CASE MANAGEMENT	0	-105,100	-103,400	-100,100	-95,200	-96,500	-106,100
TOTAL	0	-1,570,800	-1,646,000	-1,720,200	-1,792,800	-1,998,200	-2,375,900

MINNESOTA

TABLE 21

OTHER AND UNIDENTIFIED